



FIRSTCHURCH | MELBOURNE

A UNITED METHODIST COMMUNITY

CHILDREN'S AND STUDENT MINISTRY
TRAVEL, HEALTH, MEDICAL AND PHOTO RELEASE AND CONSENT FORM

June 1,

STUDENT INFORMATION:

Name of Student: _____ Date of Birth: ___/___/___ Age: _____ Sex: M / F

SSN: ___/___/___ Cell: _____ Home Address: _____

City: _____ State: _____ Zip Code: _____ E-mail Address: _____

PARENT/GUARDIAN INFORMATION:

Parent/Guardian Name: _____ Cell: _____ Home: _____

Employer: _____ Work: _____

E-mail Address: _____

Emergency Contact Name: _____ Phone: _____

STUDENT HEALTH INFORMATION: *** PLEASE PROVIDE A COPY BOTH SIDES OF YOUR HEALTH INSURANCE CARD***

Physician's Name: _____ Phone: _____

Address: _____ City: _____ Zip: _____

Date of last Tetanus shot: ___/___/___ Health Insurance Company: _____

Policy Number: _____ Phone Number: _____

Please list ALL allergies: _____

Describe specific treatment (if any) that is required for allergies: _____

List any surgeries or serious injuries with dates: _____

List ALL current prescription and over the counter medications: _____

Special dietary needs: _____

Please list any other special information or instructions: _____

Do you give permission for Adult Leaders, Chaperones and/or other Adult Representatives of First United Methodist Church to administer over the counter medications? YES NO

My child is physically fit and has the necessary skills to participate. YES NO

TRANSPORTATION AND MEDICAL RELEASE AND CONSENT FORM:

I/We, as parents or legal guardian(s) of _____, give permission for him/her to be involved in the Children's/Student Ministry activities of First United Methodist Church. I/We understand that involvement in these activities may require transportation in church owned vehicles operated by approved, licensed, and insured drivers of the Florida United Methodist Conference.

In the event of any injuries or illness, I/we give permission to the licensed physician selected by the adult and/or designated representative of First United Methodist Church Children's/Student Ministry event/activity to order routine tests, x-rays, and/or any other treatments deemed necessary by the licensed physician for my child who is named above.

In the event of an emergency, of which I/we cannot be reached, I/we hereby give permission to the physician selected by the adult and/or designated representative of First United Methodist Church Children/Student Ministry to hospitalize, secure proper treatment for, to order injections and/or anesthesia and/or surgery for my child who is named above.

Further, I/we agree to hold such persons harmless of any claims, demands, or suits for damages arising from the prudent giving of such consent under the supervision of a licensed physician.

Parent/Guardian Signature: _____ Date: _____

PHOTO RELEASE:

By participating in any event or activity I agree that photographs and/or video may be taken of First United Methodist Church Children's/Student Ministry participants during events, activities, and classes by First United Methodist Church's staff members, professional photographers, news media or volunteers.

I waive the right to see or approve any publications that contain photographs and/or video of my child. I release First United Methodist Church and its representatives from responsibility for any harm or invasion of privacy that may occur or be produced by taking photographs and/or video of my child. I give First United Methodist Church and its representatives permission to use photographs or video that include my child in any and all media products for promotion, art, advertising, editorial or other purpose. This may include but is not limited to newsletters; both print and email, posters, brochures, ads, post cards and web pages.

I certify that I have read the above authorization, release, and agreement, and fully understand what this document says.

Parent/Guardian Signature: _____ Date: _____

NOTARY:

Sworn to and subscribed before me this ___ day of _____, 20___ County: _____

Signature of Notary Public, State of Florida

Print, Type or Stamp Commission Name of Notary Public

Affiant personally known to notary
or

Affiant produced identification
Type of Identification produced: _____