



Children's Ministry Consent Form

2015-2016

If the Parent/Guardian wishes to rescind any portion of this agreement they may do so at any time with written notice.

Parents/Guardians (first and last names) _____

Address _____ City _____ State _____ Zip _____

Primary Phone _____ home/cell _____ 2nd Phone _____ home/cell _____

Family Email _____ School/s _____

This form applies to my Preschool through Grade 5 children, listed below:

Child's Name _____ Date of Birth _____ Grade _____ M or F _____

*Allergies/Special Instructions:

Child's Name _____ Date of Birth _____ Grade _____ M or F _____

*Allergies/Special Instructions:

Child's Name _____ Date of Birth _____ Grade _____ M or F _____

*Allergies/Special Instructions:

*Any severe allergies/chronic medical conditions, please use the back and/or see the Children's Director.

MEDIA RELEASE

I give permission for my child(ren)'s photograph (still or video), artwork, written work, voice, verbal statement or portrait to appear in Carlisle UMC's printed and/or electronic publications (including but not limited to brochures, website, videos) and in third-party media outlets (including but not limited to newspapers, magazines, websites) for the purposes of public relations, public information, church promotion, publicity, and instruction. Such publications may or may not personally identify your child. The Parent/Guardian further understands and agrees that no monetary consideration shall be paid; that consent and release have been given without coercion or duress; that the aforementioned media may be used in subsequent years and that this agreement is binding upon heirs and/or future legal representatives.

____ I give permission

____ I give permission with reservation (please list) _____

____ I do not give permission

EVENTS PERMISSION AND MEDICAL RELEASE

I give permission for my child(ren) to take part in all Carlisle UMC Children's Ministry events and activities. I hereby release Carlisle UMC and its staff from responsibility and liability for any injury or illness that my child may sustain during any activities. In an event of an emergency, I hereby authorize the adult supervisor of this activity as agent for me to consent to any medical, dental, surgical, treatment and care deemed necessary by a licensed medical or dental professional. I consent to any x-ray examination, anesthetic, medical, dental or surgical diagnosis or treatment and hospital care under the general or special supervision and upon the advice of or to be rendered by a physician, dentist and/or surgeon licensed under the Medical Practice Act and Dental Practice Act for my child. I expect to be notified as soon as possible. I agree to keep current contact information on file with Carlisle UMC. I further agree to pay all charges for the medical, dental or hospital care or treatment.

____ I give permission

____ I do not give permission

Emergency Contact #1: _____ Phone _____

Emergency Contact #2: _____ Phone _____

Family Physician: _____ Phone _____

Parent/Guardian Signature _____ Date _____

If any of your family's contact information changes at any time please contact the Children's Ministry Director.