

# KIDMIN PERMISSION FORM ASBURY UMC

CHILD'S NAME \_\_\_\_\_

AGE \_\_\_\_\_ DOB \_\_\_\_\_ Grade \_\_\_\_\_ School \_\_\_\_\_

PARENT'S NAME \_\_\_\_\_

Parents Email \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE \_\_\_\_\_ WORK PHONE \_\_\_\_\_

## EMERGENCY CONTACT IF PARENT CANNOT BE REACHED

NAME \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_

PHONE \_\_\_\_\_

## MEDICAL INFORMATION/RELEASE

MEDICATIONS \_\_\_\_\_

ALLERGIES \_\_\_\_\_

ANY SPECIAL NEEDS \_\_\_\_\_

DOCTOR \_\_\_\_\_ PHONE NUMBER \_\_\_\_\_

INSURANCE COMPANY \_\_\_\_\_ Insurance Phone # \_\_\_\_\_

INSURED NAME/NUMBER \_\_\_\_\_

I give permission for my child, \_\_\_\_\_, to participate in Asbury Children's Ministry Activities and transportation with Asbury UMC KIDMIN. I understand that all precautions will be taken for my child's safety. I will not hold the church, its staff, or those supervising liable. Permission is also granted for the staff of Asbury UMC to seek medical treatment for my child listed above if necessary while participating in any functions at Asbury UMC. I also give permission for the staff of Asbury UMC to give my child Ibuprofen, Tylenol, or Benadryl if the need arise. My permission is hereby given for complete media release in any activities of Asbury United Methodist Church.

**SIGNATURE OF PARENT** \_\_\_\_\_ **DATE** \_\_\_\_\_

## PHOTO/VIDEO Release:

Child's Name \_\_\_\_\_

I grant permission for use of my child's image in print, video and/or digital media. I understand that my child's image may be used by Asbury United Methodist Church, Greeneville, TN without additional notification.

I deny permission to use my child's image for display or publication by Asbury United Methodist Church, Greeneville, TN.