

CHILD/YOUTH INFORMATION & RELEASE FORM
First United Methodist Church, Mason

Name: _____ Age: _____ Grade: _____

Address: _____ City/State/Zip: _____

Home Phone: _____ Date of Birth: ____/____/____

Church You Attend: _____ School: _____

Father's Name: _____ Address (if different): _____

Work Phone: _____ Cell/Other Phone: _____

Mother's Name: _____ Address (if different): _____

Work Phone: _____ Cell/Other Phone: _____

Family email address: _____

Name of another responsible adult: _____

Telephone: _____ Relationship to Child: _____

Physician's Name: _____ Phone: _____

MEDICATION ROUTINELY TAKEN: _____

MEDICATION THAT **CANNOT BE TAKEN**: _____

Allergies: _____

Special health problems, concerns, dietary needs: _____

Insurance Company: _____ Phone: _____

Name of Insured: _____

Group Number: _____ Policy Number: _____

Date of Last Tetanus Shot: _____

AUTHORIZATION FOR PARTICIPATION:

I hereby give my permission for my child, _____, to participate in all child/youth activities sponsored by First United Methodist Church, Mason, TX. I expect that any and all responsible leaders and sponsors will take REASONABLE PRECAUTION TO ENSURE THE SAFETY of my child during church-sponsored activities, and I ABSOLVE any and all staff, leaders and sponsors and First United Methodist Church, Mason, TX OF ANY LIABILITY for any accident or illness which might occur during the course of such activities.

AUTHORIZATION FOR TRANSPORTATION:

I give permission for my child to participate in occasional activities and field trips away from the church property. I hereby give my permission for adult leaders and other volunteers to transport my child. I understand that all drivers will be licensed, at least age 25, and that the church will have a current copy of the driver’s license and insurance on file. All adults, youth and children will wear seat belts, and no child age 12 or under will ride in the front seat.

AUTHORIZATION FOR PHOTO/VIDEO PUBLICATION:

I give permission for my child’s image to be published in print and/or online, without names.

AUTHORIZATION FOR TREATMENT:

I hereby give my permission for any responsible staff, leaders or sponsors to administer first aid to my child if necessary, or to seek additional medical attention including tests, surgery, etc. as necessary in a medical emergency. I agree to pay all costs and expenses incurred in connection with such medical services rendered to my child. Attempts to contact the parent or guardian will be made as soon as possible following the emergency.

FAMILIES of YOUTH Grades 6-12

FUMC requests your permission to contact your YOUTH via digital communication. Staff and volunteers will only use digital forms of communication for appropriate ministry related conversation and all persons will be required to follow the safety policy at all times. Please select the boxes below to give permission for the particular form of communication:

Text Message E-mail Facebook Instagram

I also give permission for my YOUTH to accept requests from FUMC Youth leaders to join CLOSED ministry Facebook or Instagram group/page, moderated by 2 certified adults.

I would like to receive a copy of all communication sent to my child: Yes No Youth

Cell #: _____ Youth E-mail: _____

*****I understand that it is MY RESPONSIBILITY TO NOTIFY ALL ADULT LEADERS OF ANY AND ALL CHANGES IN THE INFORMATION PROVIDED concerning my child, and to UPDATE THIS FORM AS NEEDED.**

Signature of Parent or Legal Guardian

Date