

Children's Ministries Authorization Form

Photo Release

FUMC has permission to photograph my children during Children's Ministries events and use these photos in church promotional publications and on the FUMC website.

Parent Medical Authorization

I/We grant permission for steps to be taken as are necessary to obtain emergency medical care for my children. The steps include, but are not limited to:

1. Attempt to contact parent/guardian.
2. Attempt to contact the child's physician or another physician if he/she is not available.
3. Attempt to contact a parent through the emergency contact persons listed.
4. If necessary, call an ambulance or have the child taken to the nearest emergency room by FUMC staff.
5. Any expense incurred under item 4 will be the responsibility of the child's family.
6. FUMC will not be responsible for anything that may happen as the result of false or incomplete information given at the time of registration, or as a result of the child not being signed in by an adult into Children's Ministries Programming.

I agree to comply with the above procedures and the release of medical information provided on this registration form should an emergency occur.

Child 1: _____ Allergies/Special Needs? Describe below.

Child 2: _____ Allergies/Special Needs? Describe below.

Child 3: _____ Allergies/Special Needs? Describe below.

Child 4: _____ Allergies/Special Needs? Describe below.

Name of physician _____ Phone _____

Print Name _____ Date _____

Your signatures indicate that you have agreed to the terms of the Photo Release and the Medical Authorization.

MEDICAL AUTHORIZATION: Parent/Guardian Signature _____

PHOTO RELEASE: Parent/Guardian Signature _____