

**First United Methodist Church Children's Ministry**

**Emergency Medical Information**

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Personal Information**

Participant's Name: \_\_\_\_\_ Date of Birth M/D/Y: \_\_\_\_ / \_\_\_\_ /20\_\_\_\_

Home Address: \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_

City/State/Zip: \_\_\_\_\_

Parent/Guardian Name(s): \_\_\_\_\_

Dad's Work #: (\_\_\_\_) \_\_\_\_ - \_\_\_\_ Mom's Work #: (\_\_\_\_) \_\_\_\_ - \_\_\_\_

Parent(s) Email Address: \_\_\_\_\_

**Medical Information**

Any current medical conditions or problems? \_\_\_\_\_

Any allergies? \_\_\_\_\_

Taking any prescribed medication? \_\_\_\_\_ If so, describe: \_\_\_\_\_

Past medical history/injuries we should be aware of: \_\_\_\_\_

Date of last Tetanus shot: \_\_\_\_\_

Name of physician: \_\_\_\_\_ Phone #: (\_\_\_\_) \_\_\_\_ - \_\_\_\_

**Insurance Information**

Group or Family Hospitalization Insurance Company: \_\_\_\_\_

Insurance Company's Address: \_\_\_\_\_

Agent's Name: \_\_\_\_\_ Phone #: (\_\_\_\_) \_\_\_\_ - \_\_\_\_

Group #: \_\_\_\_\_ Policy #: \_\_\_\_\_

In Case of **EMERGENCY** (If Parent Can't Be Reached) **CALL**: \_\_\_\_\_

Day Phone #: (\_\_\_\_) \_\_\_\_ - \_\_\_\_ Night Phone #: (\_\_\_\_) \_\_\_\_ - \_\_\_\_

**Medical Release**

I hereby give permission for (name) \_\_\_\_\_  
To be treated by authorized, licensed, medical personnel as a result of  
an accident or medical emergency while involved in the activities of  
First United Methodist Church, Irving, Texas.

Signed \_\_\_\_\_

Relation to Child \_\_\_\_\_

Date \_\_\_\_\_

### Waiver of Responsibility

We (I), \_\_\_\_\_ (and) \_\_\_\_\_ parent(s) of \_\_\_\_\_, a minor, jointly and severally as parent(s) and guardians(s) of a minor child, release and discharge the First United Methodist Church, it's agents, employees and any and all persons concerned therewith from any and all liability, claims, and causes of action of any type whatsoever arising out of or in any way connected with said child's participation in the activities of the First United Methodist Church of Irving, Texas.

Signed \_\_\_\_\_ **Relation** to Youth/Child \_\_\_\_\_  
Date \_\_\_\_\_

### Photo Release

I am aware that photographs or video may be taken of First United Methodist Church participants during events, activities, and classes by FUMC staff members, professional photographers, news media or volunteers. I also understand that my child is not required to have his/her picture taken.

I waive the right to see or approve any publications that contain photographs of me or my child.

I release FUMC and its representatives from responsibility for any harm or invasion of privacy that may occur or be produced by taking photographs or video of my child.

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

I give FUMC and its representative's permission to use photographs or video that includes me or 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.

- Yes, I agree to above stated photo release.
- No, I do not agree to above stated photo release.

Signed \_\_\_\_\_ **Relation** to Youth/Child \_\_\_\_\_  
Date \_\_\_\_\_