KID'S INFORMATION

PRINT Full Name of Child has my permission to attend CUMC Kids'	
• •	
	Grade:
Primary Address:	
City:	State: Zip:
Parent Name:	PRMATION Relationship:
Home Phone:	Cell Phone:
Email:	
Address (if different from Kid's Information	n):
	Relationship:
Home Phone:	Cell Phone:
Email:	
Address (if different from Kid's Information	n):
EMERGENCY CONTACT	
Name:	Relationship:
Home Phone:	Cell Phone:
Email:	
In the circumstance that above Parents/G case of an emergency.	uardians are unable to be contacted, this adult can be contacted in





TRANSPORTATION PERMISSION

The undersigned does also hereby give permission for my child to ride in any vehicle driven by approved and licensed adult chaperones while attending and participating in activities sponsored by Carlisle UMC. My child and I understand that SEAT-BELTS MUST BE WORN AT ALL TIMES during transportation.

SOCIAL MEDIA PERMISSION TO RELEASE

I give permission for my child'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, etc) 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.

mentioned media may be used in subsequent yer representatives.	ars and that this agreement is binding upon heirs and/or future legal
I give permission I do	not give permission
Carlisle UMC and its staff from responsibility and activities. In an event of an emergency, I hereby a to any medical, dental, surgical, treatment and consent to any x-ray examination, anesthetic, m der the general or special supervision and upon licensed under the Medical Practice Act and Den	EDICAL RELEASE Ill Carlisle UMC Kids' Ministry events and activities. I hereby release deliability for any injury or illness that my child may sustain during any authorize the adult supervisor of this activity as agent for me to consent care deemed necessary by a licensed medical or dental professional. I edical, dental or surgical diagnosis or treatment and hospital care unthe advice of or to be rendered by a physician, dentist and/or surgeon atal Practice Act for my child. I expect to be notified as soon as possible. With Carlisle UMC. I further agree to pay all charges for the medical,
I give permission I do	not give permission
List any ALLERGIES, MEDICAL CONCERNS,	or RESTRICTIONS the CUMC Kids'Ministry needs to know about:
List any MEDICATIONS or PRESCRIPTIONS t	he CUMC Kids'Ministry needs to know about:
List any DISABILITY the CUMC Kids'Ministry	needs to know about:
possible. For this reason, we have an annual me for the current calendar year. You will have add	all of the kids and famlies who are part of our ministry in the best way dical and release form that allows you to fill out for one kid per form itional form(s) to fill out for event permission to release when off-site he information provided is a supportive part in the spiritual, emotional, in the ministry.
Parent Signature:	Date:
ids'	

