KID'S INFORMATION

	hild ttend CUMC Kids' Ministry acti		
Age:	Birthday:		
School:			Grade:
Primary Address:			
City:	State: _	Zip	o:
	RDIAN INFORMATIO		Relationship:
Home Phone:		Cell Phone: _	
Email:			
			Relationship:
Home Phone:		Cell Phone: _	
Email:			
Address (if different fro	m Kid's Information):		
EMERGENCY	CONTACT		
Name:			Relationship:
Home Phone:		Cell Phone: _	
Email:			
In the circumstance t case of an emergency.	hat above Parents/Guardians are u	inable to be conta	acted, this adult can be contacted in the





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.

•	ase have been given without coercion or duress; that the afored that this agreement is binding upon heirs and/or future legal
I give permission I do not g	ive permission
Carlisle UMC and its staff from responsibility and liabil activities. In an event of an emergency, I hereby author to any medical, dental, surgical, treatment and care consent to any x-ray examination, anesthetic, medical der the general or special supervision and upon the a licensed under the Medical Practice Act and Dental Practice Act an	CAL RELEASE clisle UMC Kids' Ministry events and activities. I hereby release lity for any injury or illness that my child may sustain during any rize the adult supervisor of this activity as agent for me to consent leemed necessary by a licensed medical or dental professional. I l, dental or surgical diagnosis or treatment and hospital care undvice of or to be rendered by a physician, dentist and/or surgeon actice Act for my child. I expect to be notified as soon as possible. In Carlisle UMC. I further agree to pay all charges for the medical,
I give permission I do not g	ive permission
List any ALLERGIES, MEDICAL CONCERNS, or RE	STRICTIONS the CUMC Kids'Ministry needs to know about:
List any MEDICATIONS or PRESCRIPTIONS the CU	JMC Kids'Ministry needs to know about:
List any DISABILITY the CUMC Kids'Ministry needs	s to know about:
possible. For this reason, we have an annual medical for the current calendar year. You will have additional	The kids and famlies who are part of our ministry in the best way and release form that allows you to fill out for one kid per form I form(s) to fill out for event permission to release when off-site ormation provided is a supportive part in the spiritual, emotional, ministry.
Parent Signature:	Date:
kids'	

