



# KIDS' MINISTRY ANNUAL CONSENT



## Annual Consent Form

At Carlisle UMC, we have adopted an annual medical history and release form that allows you to fill out one form per child that covers them for an entire calendar year. You will still have to complete a simple event permission form for most off-site events.

### KID'S INFORMATION

PRINT Full Name of Child \_\_\_\_\_  
has my permission to attend CUMC Kids' Ministry activities.

Age: \_\_\_\_\_ Birthday: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_

Primary Address: \_\_\_\_\_

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

### PARENT/GUARDIAN INFORMATION

Parent Name \_\_\_\_\_

Parent Phone Number \_\_\_\_\_

Parent Name \_\_\_\_\_

Parent Phone Number \_\_\_\_\_

Parent Name \_\_\_\_\_

Parent Phone Number \_\_\_\_\_

### EVENTS PERMISSION & MEDICAL RELEASE

I give permission for my child to take part in all Carlisle UMC Kids' Ministry events and activities. I hereby release Carlisle UMC and its staff from responsibility and liability for any injury or illness that my child may sustain during any activities. In an event of an emergency, I hereby authorize the adult supervisor of this activity as agent for me to consent to any medical, dental, surgical, treatment and care deemed necessary by a licensed medical or dental professional. I consent to any x-ray examination, anesthetic, medical, dental or surgical diagnosis or treatment and hospital care under the general or special supervision and upon the advice of or to be rendered by a physician, dentist and/or surgeon licensed under the Medical Practice Act and Dental Practice Act for my child. I expect to be notified as soon as possible. I agree to keep current contact information on file with Carlisle UMC. I further agree to pay all charges for the medical, dental or hospital care or treatment.

\_\_\_\_\_ I give permission \_\_\_\_\_ I do not give permission

List allergies, medical or special conditions we should be aware of:

# 2020

Will your child be carrying an epi-pen? \_\_\_\_ Yes \_\_\_\_ No

OVER

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### 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.

### PHOTO 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.

\_\_\_\_\_ I give permission                      \_\_\_\_\_ I do not give permission

### EMERGENCY CONTACT

Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

PRINT Full Name of Parent: \_\_\_\_\_

Signature of Parent: \_\_\_\_\_

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

# 2020

