



Englewood United Methodist Church Permission/Media/Medical Waiver Form

Child/Youth Information

Name _____ DOB _____

Grade _____ School _____

Primary Address _____

Secondary Address _____

Primary Phone # _____ Secondary Phone # _____

Parent/Guardian Information

Name(s) _____

Email(s) _____ Phone #(s) _____

Emergency Contact

Name _____ # _____ Relation _____

Name _____ # _____ Relation _____

Parent/Guardian Consent

By signing this form, the parent/guardian gives permission for _____
(child/youth's name) to attend and participate in any and all children's and youth ministry
activities of Englewood United Methodist Church, including church services, Sunday School,
nursery care, GROW, and other special events and activities sponsored by the church,
including those activities at the church and trips away from the church premises.

LIABILITY RELEASE: In consideration of Englewood UMC allowing the participant to
participate in these children's and youth ministry activities and events, the
parent/guardian agrees to release Englewood UMC, including all staff and adult volunteers,
from any and all liability, claims, or demands for accidental personal injury, as well as
property damage and expenses of any nature that may be incurred by participating in
church activities/events.

MEDICAL TREATMENT PERMISSION: I authorize an adult, in whose care the minor has been entrusted, to consent to any emergency examination, medical, or surgical procedure or treatment to be rendered to the minor, on the advice of any physician or medical staff person. The parent/guardian will be liable and agrees to pay all costs and expenses incurred in connection with such medical services rendered to their child/youth.

TRANSPORTATION PERMISSION: The parent/guardian gives permission for their child/youth to ride in any vehicle driven by an approved and licensed adult chaperon while attending and participating in activities sponsored by Englewood UMC. The parent/guardian gives permission for adult chaperones to pick up and return their child/youth home before and after church events and activities. If a ride is offered and the child/youth declines, the parent/guardian releases Englewood UMC, including all staff and volunteers, from liability for anything that occurs following the refusal of a ride.

Health Insurance Information

Insurance Company _____ Policy # _____

Insurance Company Phone # _____

Family Physician _____ Phone # _____

Special Medical Needs or Concerns (allergies, conditions, dietary needs, medications, etc.):

Other Information (anything leaders should know to best care for your child/youth):

Authorization for Media Release

- Englewood UMC may use photographs and/or video of my child/youth on the church's website and other publications.
- I ask that Englewood UMC not use photographs and/or video of my child/youth.

Parent/Guardian Agreement

As the parent/guardian of _____ (child's name), I have read the above permission/waiver form and am fully aware of its content. I give permission for my child to participate in the activities of Englewood UMC, including those away from the church premises, and agree that this form will be binding on me and my family.

Parent/Guardian Signature _____

Print Parent/Guardian Name _____

Date _____

Child Agreement

I agree to participate in the functions and activities of Englewood UMC, to cooperate with the leaders and other children, and to conduct myself according to the rules of the church. I promise to respect myself, others, and property. I understand that if I do not follow these rules, I will not be able to participate in activities with Englewood UMC.

Child Signature _____ Date _____