

BELLAIRE

United Methodist Church

C o n n e c t i n g P e o p l e

20____ - 20____ BELLAIRE UMC PERMISSION/MEDICAL/MEDIA RELEASE

Referring to: _____ Date of Birth ____/____/____ Age: _____
 (Circle one: M / F)

Address : _____ City/State/Zip _____

Entering Grade: _____ Home Phone: (_____) _____ - _____ Cell Phone: (_____) _____ - _____

Child/Youth Cell Phone: (_____) _____ - _____ Alt. Phone: (_____) _____ - _____

As parent(s), legal guardian(s), or custodian(s) of this minor, I/we permit the above named minor to participate in all officially supervised Bellaire UMC Ministry programs and activities for which he/she is registered or participates (when no registration is required). I/we knowingly release, absolve, indemnify, and hold harmless Bellaire United Methodist Church, its Members, Trustees, Administrative Board, Committees and Staff, as well as the organizers, sponsors, workers and all others acting on behalf of Bellaire UMC or its programs and activities, from all claims that might result from any accident, personal injury, illness or death to the minor named above in connection with any such program or activity. In the event I/we cannot be reached to make arrangements for emergency medical attention I/we authorize the designated event supervisor to administer or authorize the administration of emergency medical treatment in case of illness or injury to the minor named above.

Family Physician: _____ Phone: _____

Medical Insurance Coverage: _____ Group/Policy No: _____
 (Name of Company)

Allergies: _____

Date of Last Tetanus Shot: _____

All medications presently taken: _____

Please list any previous illnesses, injuries, or special needs of which the staff or sponsors should be aware: _____

Emergency Contacts: (List in the order they should be called in case of illness or emergency)

1. Name: _____ Relationship to child: _____
 Phone Numbers: Day _____ Cell _____ Pager _____
2. Name: _____ Relationship to child: _____
 Phone Numbers: Day _____ Cell _____ Pager _____

Media release waiver

I hereby grant full permission to Bellaire UMC to use any and all photographs, likenesses, or video images of my son/daughter, listed above, for inclusion on the church or school websites or on printed materials the Church may develop or maintain. These images may be used in connection with, but not limited to, education purposes, teacher training, or publicity.

I also waive and release any and all claims against the Church that may directly or indirectly arise from my child's photograph or photographic likeness being used in connection with the Bellaire UMC website or printed materials. It is my understanding that, if requested by me, I will be allowed to view the photograph before its inclusion on the Church's website or printed materials, and that I have the right to have any photographs of my child removed prior to its inclusion on the church website or in printed materials.

Signature(s) of Parent/Guardian/Custodian: _____

Date of Signature: _____

Please copy your current Insurance card on the reverse side of this form before submitting to BUMC