

MIDDLETOWN UNITED METHODIST CHURCH EMERGENCY FORM

CHILD NAME _____

BIRTHDATE (mm/dd/yy) _____/_____/_____ **GRADE** _____

Parents/Guardians _____

ADDRESS _____

HOME PHONE _____

CELL PHONE _____

EMAIL ADDRESS _____

Emergency Contact _____

Phone _____

Current Medications:

Does child have allergies/medical issues/or any special need:

PERMISSION TO PHOTOGRAPH OR VIDEOTAPE During MUMC student activities, we may photograph or video the youth and then use these images for public viewing including the church web site, the church bulletin board, Facebook and promotional materials for the church. Your student's name will not be mentioned. If you do not wish to have your student's image appear in such things as photographs, the church web site, Facebook or video, please notify the church in writing. It is assumed that parents and guardians give their consent to unless such notification is received.

I agree to my child's participation in activities sponsored by Middletown United Methodist Church and waive all claims against Middletown United Methodist Church and its leaders. In the unlikely event of an emergency, I give my permission for the leaders of Middletown United Methodist Church to act on my behalf in taking appropriate action for my child.

Parent/Guardian Signature

Date

Just in the unlikely event we need to seek medical help for a student please provide the following:

Medical Insurance Provider

Policy Number

Regular Physician (Family or Pediatrician)

Phone