



CHILDREN'S MINISTRY
HEALTH AND PHOTO RELEASE AND CONSENT FORM

Child INFORMATION:

Name of Child: _____ Date of Birth: ____/____/____ Age: _____ Grade: _____ Sex: M / F
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PARENT/GUARDIAN INFORMATION:

Parent/Guardian Name(s): _____
Cell: _____ Cell: _____
Address: _____
E-mail Address: _____
Authorized Pickup Person: _____ Relationship: _____ Phone: _____

Child HEALTH INFORMATION:

Please list ALL allergies: _____
Describe specific treatment (if any) that is required for allergies: _____
Please list any other special information or instructions: _____

PHOTO RELEASE:

By participating in any event or activity I agree that photographs and/or video may be taken of First United Methodist Church Children's/Student Ministry participants during events, activities, and classes by First United Methodist Church's staff members, professional photographers, news media or volunteers.

I waive the right to see or approve any publications that contain photographs and/or video of my child. I release First United Methodist Church and its representatives from responsibility for any harm or invasion of privacy that may occur or be produced by taking photographs and/or video of my child. I give First United Methodist Church and its representatives permission to use photographs or video that include my child in any and all media products for promotion, art, advertising, editorial or other purpose. This may include but is not limited to newsletters; both print and email, posters, brochures, ads, post cards and web pages.

I certify that I have read the above authorization, release, and agreement, and fully understand what this document says.

Parent/Guardian Signature: _____ Date: _____

