



Form F

(Form F, pg 1 of 3)

Parental Authorization for Participation in Crossroads United Methodist Church Children/Youth Activities

This Parental Authorization for my Child's Participation in Crossroads United Methodist Church Kids Club or Youth Group Activities Form will remain in effect for the entire 2017 - 2018 school year. If there are any changes to the information provided herein, I/we will maintain responsibility for issuing the church an updated duly authorized form.

I/We, the undersigned, grant our son/daughter permission to participate in Crossroads Kids Club or Youth Group indoor and outdoor activities during the designated year. I understand that I will be advised by the church, and approve in advance, specific trips located away from church grounds prior to my son's/daughter's participation.

Parent or Guardian (Print)

Child's Name (Print)

Parent/Guardian Signature

Date

Authorization for Use of Child's Image

I, _____, the parent/guardian of _____ do hereby grant permission to Crossroads UMC to use the image of my child in print, video, and digital media. I agree that these images may be used for a variety of purposes and that these images may be used without further notifying me. I do understand that my child's name will not be used in conjunction with any video or digital images.

Parent/guardian signature _____ Date _____

Emergency Medical Authorization

Explore , Connect , Grow , Live

Should a medical emergency arise while my son/daughter is participating in church activities at/with Crossroads United Methodist Church, I will be notified in order to approve medical treatment. In the event that one of the contacts listed herein cannot be reached or that immediate medical attention is required, I give permission for immediate treatment as is deemed necessary.

Parent/Guardian Signature

Date

Child/Parent Information

Name of Child _____

Home Address _____

City _____ ZIP _____

Home Phone _____ Cell Phone _____

Date of Birth _____ School Grade _____

Name of Parent/Guardian _____

Address (if different from above) _____

City _____ ZIP _____

Home Phone _____ Work Phone _____

Cell Phone _____

Name of Emergency Contact _____ Relationship _____

Best Contact Phone Number _____

Name of Doctor _____

Phone _____

Name of Dentist _____ Phone _____

Medical Insurance Information

I attest that my son/daughter has medical insurance coverage:

(Name of Insurance Company) (Name of Insured) (Policy Number) (Group Number)

Explore , Connect , Grow , Live

Medical History:

Medical Condition of Student ___ Excellent ___ Good ___ Fair ___ Poor

If applicable, please describe any medical condition that may occur and require treatment.

Allergies (please include food, medication, insect bites, environmental, etc.)? ___ Yes ___ No

If yes, please describe:

Current Medications (name and dosage): _____

List medication (and its dosage) that needs to be taken during event and kept with leaders:

Does your son/daughter have an epi -pen?

___ Yes ___ No

If yes, please give to the Children or Youth director with the prescription and clear instructions on your child's personal procedure.

Child's Name

Parent/Guardian Signature

Date

Explore , Connect , Grow , Live