

Child's Name: _____

Email: _____

PERMISSION / MEDICAL RELEASE / Video & Photo Release

HizKidz Ministry EVENTS

Hillsdale UMC; 5018 Hwy 158, Advance, NC 27006

336-998-4020; 336-998-2647 fax

Children's Ministry Director: Tiffany Gullede

EVERY child AND adult attending event must have one of these forms completed and signed. Church group leader should have access to all forms for group during the event in case of emergency. Review the information in the behavior statement with your child. Please type or print legibly. Children under the age of 18 must have permission portion signed.

Please complete and/or attach a copy of your insurance card if necessary.

Check/Complete appropriate boxes: Male Female

Child: DOB _____ Adult

Insurance Company: _____

Policy No.: _____

Name of Person on Policy: _____

Relationship: _____

Emergency Contact: _____

Relationship: _____

Emergency Phone Numbers: _____

Known Allergies? _____

Limitations: (please attach)

Please list all medications currently taking: _____

BEHAVIOR STATEMENT: I understand that this event is for the Christian nurture and growth of every individual in attendance, and all instructions given by staff or adult chaperones are for the safety and benefit of all present. I will attend all sessions of the event with my group. I will show respect for all in attendance, in particular those in leadership positions. I will wear clothing appropriate for a Christian event. I will show respect for the facilities being used, and leave all facilities in the condition in which I found them, or better! This includes the church vehicles. I recognize that willful failure to behave can cause serious problems for the whole group and, upon talking with counselors and staff, may result in immediate contact of parents and dismissal from the event.

I have read the above paragraph and discussed this with my child. He/She agrees to be responsible for their behavior in agreement with the guidelines stated above. My parents and I understand violating the guidelines may result in my being sent home.

Signature of Parent _____ **Date:** _____

PERMISSION FOR MINORS: I hereby give permission for my child, _____, to attend the HizKidz Children's Ministry event and participate fully in activities.

EMERGENCY MEDICAL CARE: In the event that my child (listed above) suffers any illness or accident requiring emergency hospitalization while at this event, I hereby give permission for any necessary hospitalization. I hereby give permission to the physician selected to order x-rays, routine tests, and treatment for the health of the above named. I realize that every effort will be made to contact me and/or the contact person above in case of emergency. In the event that I may not be able to be reached in an emergency, I hereby give permission to a physician to hospitalize / secure proper treatment for / order injection or anesthesia for the above named. I will not hold Hillsdale United Methodist Church responsible in the event of accident, loss or death.

Signature of adult participant or parent/guardian of minor

Date

Photography / Video Release: I hereby consent for HUMC staff and volunteers to photograph or video youth/children at events or programs sponsored by the church. These images may be used by the church for printed materials, bulletin boards, church DVDs, or for use on the church website (www.hillsdaleumc.com).

Parent Signature

Date