

# Statement of Permission / Release / Authorization

Canton First United Methodist Church Student Ministries

I, \_\_\_\_\_, parent and/or legal guardian of

\_\_\_\_\_, give permission for him/her to attend and participate in the **Canton First United Methodist Church Student Ministries** activities scheduled for the year 2019. These activities will be held throughout the year, from **January 1, 2019 through December 31, 2019**. I also give permission for CFUMC to provide transportation for events, as necessary, by authorized drivers.

I further authorize an adult representative of Student Ministries to seek and provide the best medical care available for my child in case of a medical emergency involving my child. By my signature below, I certify that I have read and fully understand the contents of this document.

\_\_\_\_\_  
Signature of parent or guardian

\_\_\_\_\_  
Date

Street Address: \_\_\_\_\_

City and Zip: \_\_\_\_\_

Parent/Guardian Email Address: \_\_\_\_\_

If needed, I authorize an adult representative of Student Ministries to administer to my child: **Tylenol**\_\_\_ **Ibuprofen**\_\_\_ **Benadryl**\_\_\_  
**Neosporin/First Aid Creams**\_\_\_

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date

## Health Insurance Information:

Student's Date of Birth: \_\_\_\_\_

Insurance Carrier: \_\_\_\_\_

Policy #: \_\_\_\_\_

My child has allergic reactions to (medications, foods, substances): \_\_\_\_\_

\_\_\_\_\_

—  
Current medications/dosage: \_\_\_\_\_

\_\_\_\_\_

In case of emergency, I can be contacted at:

Cell: \_\_\_\_\_

Work: \_\_\_\_\_

2nd Contact: \_\_\_\_\_

Relation: \_\_\_\_\_ Cell: \_\_\_\_\_

## Photo/Video Release Form

I hereby grant permission to Canton First United Methodist Church to use videos and photographs of my child on its website, social media or other church printed publications without further consideration. I acknowledge the church has the right to crop or treat the photographs and videos at its discretion. I also acknowledge that the church may choose not to use my child's photographs and videos at this time, but may do so at its own discretion at a later date, up to 3 years from the date that the photo/video was taken. I also understand that once my child's image is posted on the church's website or social medias, the image or video can be downloaded by any computer user, anywhere in the world. Therefore, I agree to indemnify and hold harmless the church, its trustees, pastor, associate pastors, staff, its members and designees from any claims arising out of the use of my child's photographs and videos. The church reserves the right to discontinue use of any photographs and videos without notice.

Student Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_

Signature: \_\_\_\_\_

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(If the above named student is a minor, parent or guardian must sign)

**\*This release form expires on 12/31/2019.\***