# Statement of Permission / Release / Authorization

## Canton First United Methodist Church Children’s Ministries

I, , parent and/or legal guardian of

 , give permission for him/her to attend and participate in the **Canton First United Methodist Church Children’s Ministries** activities scheduled for the year 2018. These activities will be held throughout the year, from **January 1, 2019 through December 31, 2019.**

I further authorize an adult representative of Children’s 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 & Zip Code:…………………………………………….

Email address:………………………………………………

If needed, I authorize an adult representative of Family Ministries to administer **(CHECK ALL THAT CAN BE ADMINISTERED) Ibuprofen\_\_Tylenol\_\_Benadryl\_\_and/or(list any)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to my child.**

 **­**

Signature of parent or guardian Date

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

**Health Insurance Information:**

My child’s date of birth\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Carrier

Policy #

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

Medications and the dosage my child takes:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

In case of emergency I can be contacted at:

Home: Work:

Cell Phone:

2nd Contact: Relation:\_\_\_\_Cell Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PHOTO/VIDEO RELEASE FORM**

I hereby grant permission to Canton First United Methodist Church to use videos and photographs of my child its website, social media, or in other official church printed publications without further consideration. I acknowledge that the church has the right to crop or treat the photograph(s) and video(s) at its discretion. I also acknowledge that the church may choose not to use my child’s photograph(s) and video(s) at this time, but may do so at its own discretion at a later date, up to 3 years from the date that the photograph 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 photograph(s) and video(s). The church reserves the right to discontinue use of any photograph(s) and video(s) without notice.

NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ADRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PHONE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

EMAIL: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SIGNATURE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(If the above name is of a minor, a parent or guardian must sign)