

Health and Permission Form
East Ohio Conference of the United Methodist Church
Greensburg UMC

Name _____ Birthday / /
Mo Day Year

Parent(s) Name(s) _____

Street Address _____ Phone (day) (____) _____

City, State, Zip _____ Phone (evening) (____) _____

Social Security Number _____

Second Emergency Contact _____ Phone (____) _____

Is the participant covered by family medical/hospital insurance? yes no

If yes, indicate carrier or plan name _____ Group Number _____

Does the participant have any allergies? yes no

If yes, please list.

Are any of these allergies life-threatening? yes no

If yes, please note the reaction.

Are there any other health conditions that the leadership should be aware of? yes no

If yes, please explain.

Will the participant bring any medications with them (including inhalers and bee sting kits)? yes no

Please list.

AUTHORIZATIONS:

I am/we are in favor of the above person attending church and participating in all activities unless otherwise specified. As parent(s), legal guardian(s), or as an adult participant we/ accept the conditions stated, including the release of the Greensburg United Methodist Church from liability in case of accident/injury. I agree to the release of any records necessary for treatment, referral, billing or insurance purposes for the camper named on this health form. IN CASE OF MEDICAL ILLNESS OR INJURY, I hereby give permission to the church to obtain proper medical care for the student named on this health form. I authorize certified first aid care provider to give first aid care, medicine, or treatment as ordered by the Senior Pastor or Director of Student Ministries. IN CASE OF MEDICAL EMERGENCY or in the event that the named student needs medical care beyond church facilities, I/we understand that every effort to reach the parent(s), guardian(s) or secondary emergency contact listed will be made. If no one can be reached, I/we hereby give permission to the attending physician to hospitalize, secure proper treatment for, order injection, anesthesia or surgery as necessary for the camper named on this health form.

Signature _____ Date _____

**SUNDAY SCHOOL AND JR. WORSHIP
ACTIVITY PERMISSION SLIP**

TO GREENSBURG UNITED METHODIST CHURCH:

_____ has my/our permission to participate

(Name of child)

With the _____ in the following

(Name of group)

activity:

(Sufficiently and clearly identify the activity.)

to be held at

(Location of activity)

(Date)

Please obtain any medical assistance which you determine necessary while
_____ is with the group and participating in the activity
(Name of child)
described.

_____ will be taking the following
(Name of child)
medications while participating in this activity: _____

Parent(s)/guardian: _____ Phone: _____

Other: _____ Phone: _____

RELEASE AND HOLD HARMLESS AGREEMENT

I/we agree to forever release and hold harmless the Greensburg United Methodist Church, its officers, trustees, employees, agents, and volunteers, from any and all liability for any and all injuries, including death which

_____ may incur as a result of his/her participation with
(Name of Child)

_____ in the activity described.
(Name of Group and activity)

The intent of this release is to preclude the Greensburg United Methodist Church and the specific parties above from incurring any liability whatsoever for allowing

_____ to participate in this activity, including all events
(Name of Child)
associated with the activity even though not a part of the activity in its own right.

This Release also includes all possible claims, for example, emotional distress, that I/we may have a result of my/our child participating in the subject activity.

PARENT/GUARDIAN SIGNATURE _____

DATE: _____

CHILD'S SIGNATURE _____

DATE: _____



Greensburg United Methodist Church

Photograph Release Form

I give permission for photographs of my child, _____, to be used in on the church website, in local newspapers, and other promotional venues in relation to their activities at Greensburg United Methodist Church. Examples of such would include, but are not limited to, church website pictures, display boards around the church and community, and event pictures published in the newspaper.

Parent Signature: _____ Date: _____

I also consent for my child's name to be listed in the event of a published photograph. (We will not be publishing names on our website, nor displaying photos of kids wearing their school shirts.)

Parent Signature: _____ Date: _____

I do **NOT** give permission for my child's photograph to be used.

Child's Name: _____

Parent Signature: _____ Date: _____