



**GREENSBURG UMC**  
**CHILDREN'S MINISTRY**

*Loving, Growing, and Helping Together*

**GREENSBURG UNITED METHODIST CHURCH**  
**CHILDREN'S MINISTRY INFORMATION-HEALTH FORM**

Rev. Katherine L. Osier, Pastor

Effective dates: September 8, 2019 to September 15, 2020

Name of Child: \_\_\_\_\_ Grade: \_\_\_\_\_

Birthdate: \_\_\_\_\_ Age: \_\_\_\_\_ Potty Trained? (Preschool/Nursery Only) Y N

Parent/Guardian's Name(s): \_\_\_\_\_

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

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

Phone/Cell: \_\_\_\_\_

Additional Contact person and phone # \_\_\_\_\_

Where will you be during activity (worship, Sunday School class, small group, etc) and what is the best way to contact you (cell phone, text, etc)? \_\_\_\_\_

\_\_\_\_\_

Who has permission to pick up your child? \_\_\_\_\_

Child's Allergies:

Child's Special Needs:

Medical Insurance Company: \_\_\_\_\_ Policy #: \_\_\_\_\_

Choice of hospital: \_\_\_\_\_

\_\_\_\_\_ has my permission to participate in the following activities

Name of Student

sponsored by Greensburg United Methodist Church.

Sunday School

Nursery/Preschool Room

Childcare during services

Special Children's Ministry Events as detailed by the church

\_\_\_\_\_ Other

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This consent form gives permission to seek whatever medical attention is deemed necessary, and releases Greensburg United Methodist Church and its staff of any liability against personal losses of named child.

I/We the undersigned have legal custody of the student named above, a minor, and have given our consent for him/her to attend events being organized by Greensburg UMC. I/We understand that there are inherent risks involved in any ministry or athletic event, and I/we hereby release Greensburg UMC, its pastors, its employees, agents, and volunteer workers from any and all liability for any injury, loss, or damage to person or property that may occur during the course of my/our child's involvement.

In the event that he/she is injured and requires the attention of a doctor, I/we consent to a reasonable medical treatment as deemed necessary by a licensed physician. In the event treatment is required from a physician and/or hospital personnel designated by the church, I/we agree to hold such person free and harmless of any claims, responsible for the cost of any medical care should the cost of that medical care not be reimbursed by the health insurance provider. Further, I/we affirm that the health insurance information provided on this form is accurate at this date and will, to the best of my/our knowledge, still be in force for the student named above.

Parent/guardian Signature(s): \_\_\_\_\_ Date: \_\_\_\_\_

#### Photograph/Video Release

Occasionally, Greensburg UMC uses photography/videos of children/youth in publicity such as newspapers, newsletters, brochures, etc. and on the church website and Facebook group. No last names will be used on the internet. Please check one of the options below and sign underneath.

I give permission for Greensburg UMC to use my child's picture/video in public materials.

I give permission Greensburg UMC to use my child's picture in public materials **EXCLUDING** the church website and Facebook group.

Please do not include my child's picture/video in any publicity.

Parent/Guardian Signature(s): \_\_\_\_\_ Date: \_\_\_\_\_