



Gay Street United Methodist Church
 18 North Gay Street
 Mount Vernon, OH 43050
 Church: 740-392-6626 Fax: 740-393-3492

**Children
 Parent Permission Form**

School Year Date

Parent Permission Form

I give permission for my child, _____, to participate in any all children's and youth group activities associated with Gay Street United Methodist Church.

Signature Parent/Guardian

Date

I give permission for my child, _____, to ride in the church van or other vehicle driven by a responsible adult designated by Gay Street United Methodist Church to and from activities and outings associated with Gay Street United Methodist Church.

We ask that your child behave in a manner that is safe and respectful of everyone in the vehicle. Failure to do so will result in the following consequences:

1. First offense—Verbal warning from an adult in the van.
2. Second offense—Contact with the parent explaining the behavior.
3. Third offense—Refusal to transport the child for the rest of the year.

*Please give directions to finding your home _____

I give permission for my child, _____, to be included in any photographs/video taping to be used on church website, displays, bulletin boards or other approved media. (No names will be used to identify children.)

Signed this the ____ day of _____, year _____ and valid through September _____(next year).

Signature Parent/Guardian

Date

I do hereby release Gay Street United Methodist Church of Mount Vernon and all of its affiliated organizations, as well as their officers, agents, employees, and volunteers, from any and all claims, demands, actions, or causes of action due to death, injury, or illness, in any way, arising from church activities, including, but not limited to transportation to and from the event. I further agree that the financial responsibility for securing care, in the case of injury resulting from participation in church programs is a matter between the participant and his/her health care provider, and that Gay Street United Methodist Church cannot pay health care providers for treatment of any injuries. It is further agreed, that the participant will assume all legal responsibility for their personal safety and actions while participating in the program and while traveling to and from the program activities.

Signed this the ____ day of _____, year _____ and valid through September _____(next year).

Signature Parent/Guardian

Date

Gay Street United Methodist Church—Student Emergency Card _____

Student's Name

First Middle Last Grade Birthdate (month/day/year)

Custodial Parent(s)/Guardian Name(s) Address

Home phone Cell phone E-mail address

To Parent or Guardian: To serve your child in case of ACCIDENTS OR SUDDEN ILLNESS, it is necessary that you furnish the following information for emergency calls:

Name Business Address Business Telephone
Mother

Father

Please list two neighbors or nearby relatives who will assume temporary care of your child if you cannot be reached:

Name Address Telephone

Name Address Telephone

Please list names of other children in the family and their ages: _____

Health Conditions: List any health conditions such as heart disease, diabetes, epilepsy, severe allergies, eye or ear problems, or any chronic conditions, etc.

Preferred Doctor/Address/Telephone: _____

Preferred Dentist/Address/Telephone: _____

Preferred Hospital/Address/Telephone: _____

Medical Insurance Company/Address/Telephone: _____

Policy/Group# _____

Please list names and telephone numbers of people that have permission to pick up your child from church activities: _____

CONSENT STATEMENT:

I do hereby authorize pastors, employees and volunteers of Gay Street United Methodist Church to contact directly the persons named on this card, and do authorize the named physicians to render such treatment as may be deemed necessary in an emergency, for the health of said child. In the event I, or other persons named on this card, cannot be reached, I authorize the administration and performance of all emergency treatment that may be considered advisable if my child becomes ill or injured while attending a Gay Street United Methodist Church event. I will not hold Gay Street United Methodist Church financially responsible for the emergency care and/or transportation for said child.

Signature of Custodial Parent or Guardian *Date*