REVEILLE UNITED METHODIST CHURCH
2017-2018 CHILDREN'S PERMISSION FORM

Child Name _____ Birth date _____
Last First Middle Month Day Year

Notify in case of emergency (list a parent or guardian first) Grade level 2017-2018_____

Name _____ Relationship _____

Address _____ Home phone _____

_____ Cell phone _____

Email Address _____

Name _____ Relationship _____

Address _____ Home phone _____

_____ Cell phone _____

Email Address _____

Family Doctor (name and phone) _____

Any allergies to medicines, foods, etc. _____

_____

Date of last tetanus shot _____

Other dietary considerations (e.g. vegetarian) _____

Any history of serious illness (diabetes, asthma, epilepsy, etc.), recent injuries, or hospitalizations? Please list:

_____

_____

Other concerns counselors should be aware of _____

_____

What medications (if any) are presently being taken? _____

_____

In the event _____ suffers any illness or accident requiring emergency medical care or hospitalization while participating in Reveille UMC activities, on recommendation of the doctor, after consultation with the adult chaperone in charge, I hereby give my permission for any medical treatment which may be deemed necessary and reasonable under the circumstances, understanding that the counselors will contact me at the earliest possible moment. I fully understand and comprehend that reasonable care will be exercised by the adult chaperones for the particular event to protect the safety of those involved, and in consideration thereof, I, the undersigned, do hereby release, forever discharge and agree to hold harmless **Reveille UMC**, its Trustees, employees, volunteers and agents (collectively herein the "Church") from any and all liability, claims or demands for accidental personal injury, sickness or death, as well as property damage and expenses, of any nature whatsoever which may be incurred by the undersigned and the Participant while involved in Church activities.

Health insurance by which participant is covered _____
Policy Number _____

Parent/Guardian Signature _____ Date _____

OVER

REVEILLE UNITED METHODIST CHURCH
4200 Cary Street Road
Richmond, VA 23221
(804) 359-6041

_____ HAS MY/OUR PERMISSION TO GO WITH REVEILLE UNITED METHODIST CHURCH TO ALL RELATED ACTIVITIES FROM JUNE 1, 2017 THROUGH JUNE 30, 2018. I, the undersigned, do hereby also grant permission for Participant to ride in any vehicle driven by an approved ADULT chaperone while attending and participating in activities sponsored by Reveille United Methodist Church. Participant and I understand that SEAT BELTS SHALL BE WORN AT ALL TIMES during transportation.

PARENT/GUARDIAN SIGNATURE _____

HOME PHONE NUMBER _____

WORK PHONE NUMBER _____

CELL PHONE NUMBER _____

PHOTO WAIVER

I hereby authorize Reveille United Methodist Church, located in Richmond, Virginia ("Reveille"), to use, reproduce and distribute my name, voice, likeness, photograph and/or any other representation of me in connection with printed materials or other media it distributes, displays, transmits or exhibits. Such distributions, displays, transmissions or exhibits may include, but are not limited to, publications, newsletters, magazines, brochures, CD ROMs, websites, social media, and/or videos. I understand that my authorization grants Reveille the right to use, reproduce and distribute my name, voice, likeness, photograph and/or any other representation of me without compensation or further notice.

I hereby release and discharge Reveille for any and all liability arising out of or relating to the foregoing.

By signing this Consent and Release Form, I consent to allow the above named minor to participate in the activities described above and allow the information obtained from the above named minor to be used and shared as described above. I represent and warrant that (i) I am eighteen (18) years of age or older and am legally competent to execute this Consent and Release Form under the laws of my country, (ii) I have the legal authority to represent the above named minor and (iii) I have read and understand this Consent and Release Form.

Name (printed) _____

Signature _____

Date _____

Return completed, signed form to Administrative Assistant Kara Sentipal
Drop off or mail to Reveille United Methodist Church, 4200 Cary Street Road, Richmond, VA 23221
Fax to (804) 359-6090 or email to administration@reveilleumc.org

Office use only Date received_____

Date entered into CCIS_____