

Emergency Treatment

In the event of an illness or accident that requires immediate medical treatment to _____ at a time when a parent cannot be located,

(Child's Name)

I give permission for an approved representative of FUMC to authorize such treatment. I will not hold FUMC, the church or medical personnel responsible. In signing this I understand that every attempt will be made to contact the child's parents/legal guardian, physician, or other persons listed for emergency contact.

Date _____ Signed _____

(Parent or legal guardian)

Physician _____ Phone _____

Medical Insurance Co. _____ Policy _____

Other persons who may be notified if parents/legal guardian cannot be contacted:

Name _____ Phone _____

Authorization and Release Form

FUMC Children's Ministries, Graham, Texas

I hereby give permission for my child to travel on field trips as planned by FUMC. It is my understanding that only authorized FUMC drivers will be used.

Signed _____ Date _____

(Parent or legal guardian)

Child's name (please print) _____

Parent or legal guardian's name (please print) _____

Phone number for contact Home _____ Work _____

Cell _____

Alternate phone contact: Name _____ Number _____

Date _____ Signed _____

(Parent or legal guardian)

Permission to Photograph

I am aware that from time to time the children attending FUMC events will be photographed. These pictures may be used to promote FUMC children's ministries through the church newsletter, website, posters, city newspaper, or other sites.

I hereby _____ give my permission
_____ do not give my permission

for my child to be photographed by FUMC.