

First United Methodist Church Brunswick
First Friends After School Program
Child Information/Health Information/Release Form

Name of Student _____ Date of Birth _____ Age _____

Address _____ City _____ State _____ Zip _____

Elementary School _____ Homeroom teacher _____

Emergency Contact Person

Parent/Guardian Name _____ Relationship _____

Address _____ City _____ State _____ Zip _____

Home Phone Number (____) _____

Work Phone Number (____) _____

Cell Phone Number (____) _____

Email Address _____

Alternate Contact Person: (Use someone near the primary contact)

Name _____ Relationship Aunt _____

Address _____ City _____ State _____ Zip _____

Home Phone Number (____) _____

Work Phone Number (____) _____

Cell Phone Number (____) _____

Email Address _____

If you have medical insurance, your carrier will be billed for medical charges in the case of illness or injury while your child is at the activity. Do you have health insurance? ____ Yes ____ No

Name of Insurance Company _____ In whose name is the Insurance _____

Policy Number _____ Group Number _____

Family Doctor _____ City _____ Phone Number (____) _____

If your child should require medical attention for injuries received or illnesses contracted prior to activity, please send us the necessary information to give him/her proper medical care during his/her time with the children/ youth ministry activity.

Health History

Pre-existing or present medical conditions _____

Names and dosage of any medications that must be taken _____

Any allergies? _____ none _____ to medications _____

At the end of First Friends (5:15pm), the following people have permission to sign my child out.
Please list the first and last name.

- 1) _____
- 2) _____
- 3) _____

Name of child for which this consent is given: _____

This consent form gives permission to seek whatever medical attention is deemed necessary, and releases the Church and its staff, employees, leaders, directors, and volunteers and any other agents of any liability against personal losses of the 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 the Church. I/We understand that there are inherent risks involved in any ministry or athletic event, and I/we hereby release the Church, its pastors, 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 any 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, demands, or suits for damages arising from the giving of such consent. I/We also acknowledge that we will be ultimately 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 above is accurate at this date and will, to the best of my/our knowledge, still be in force for the student named above. I/we also agree to bring my/our child home at my/our own expense should they become ill or if deemed necessary by the student ministries staff member.

Parent/guardian name: _____

Parent/guardian signature: _____

Date: _____