



Ministry Participation Form

Child/Student Information

Name: _____

Age: _____ Date of Birth (MM/DD/YYYY): _____ / _____ / _____

School: _____ Grade Level: _____

Name of Parent(s): _____

Street Address: _____

City: _____ State: _____ Zip: _____ Email: _____

Home Phone: (_____) _____ Parent Cell Phone: (_____) _____

Permission & Waiver

My child or youth has my permission to participate in children and youth activities & events with Floyd United Methodist Church **for the calendar year 2022.**

I assume the risks of my child/student participating in the ministries of Floyd United Methodist Church.

Signed: _____ Date: _____

I give permission for my child's image to be photographed or filmed and used in video presentations, printed publications, on the web, social media, and in other advertising by Floyd United Methodist Church.

_____ Agree _____ I **do not** wish for my child's image to be used in publications.

Medical Information *All information is required.*

Allergies: _____

Current Medications: _____

Name of Physician: _____

In case of emergency contact: _____

Phone: _____

Relationship to child: _____

Insurance Company name: _____

Group # _____ Subscriber # _____

AUTHORIZATION AND CONSENT FOR TREATMENT OF A MINOR

I (we) the undersigned parent(s) of _____,
a minor, do hereby authorize the adult workers with the students of Floyd United
Methodist Church as agent(s) for the undersigned, to consent to any examination,
x-ray, anesthetic, medical or surgical diagnosis or treatment and hospital care
which is deemed advisable by and is rendered under the general or special
supervision of any physician or surgeon licensed under the provisions of the
Medical Practice Act on the medical staff of any licensed hospital, whether such
diagnosis or treatment is rendered at the office of said physician or said hospital.

Signature of parent/guardian: _____

Date: _____