

Statement of Permission, Release, and Authorization Children

Powers Ferry United Methodist Church, Inc.
245 Powers Ferry Road
Marietta, Georgia 30067
(770)973-5271

I, _____, parent and/or legal guardian of _____ (hereinafter "my Child"), give permission for him/her to attend the activities of the United Methodist Children's Ministry. I release Powers Ferry United Methodist Church, Inc., its ministers, staff, volunteers, members, board of directors, officers, and workers (hereinafter collectively "the Church") from any liability whatsoever in the event of death and/or injury to my Child.

I authorize the Church to seek and provide medical care for my Child in the case of a medical emergency involving my Child.

By my signature, I certify that I have read, understand the contents of this document, and that the information provided below is accurate.

Parent Signature

Date

Insurance Information

Insurance Co. _____

Policy # _____

Group # _____

Address _____

Name of Insured _____

Does your insurance require pre-authorization
for treatment? [yes] [no]

Name of Parent(s) Employer

Primary Physician _____

Phone # _____

Medical Information

Allergies _____

Last Tetanus _____

Current Medications _____

Other Significant Info _____

Emergency Contacts

Parent(s) _____ Home

_____ Work

_____ Cell

_____ Pager

Other Contacts (two please)

