Statement of Permission, Release, and Authorization Children

Powers Ferry United Methodist Church, Inc.
245 Powers Ferry Road • Marietta, Georgia 30067 • (770)973-5271 • (770)973-5958 fax

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/Guardian 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)

_____

_____

Media Release

I, _____ [ ] grant [ ] do not grant permission to Powers Ferry UMC to post pictures of my child on the church website or church publications only. I understand that my child's name will not be used on the church website.

Parent/Guardian Signature _____ Date _____