

# Children's Information, Consent, and Standards Form

In order for children to participate in children's ministry activities or trips, both sides of this form must be completed and signed by parent(s) or legal guardian(s).

Full Name of Child \_\_\_\_\_

Grade \_\_\_\_\_ Age \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Mother/Legal Guardian	Father/ Legal Guardian
Name	
Home phone	
Work phone	
Mobile/Pager	
Fax	
Email	

Medical insurance company Insurance \_\_\_\_\_ Group # / Policy # \_\_\_\_\_ Billing Address. \_\_\_\_\_

Emergency contact person & number(s) \_\_\_\_\_ Relationship to minor \_\_\_\_\_

My child's primary physician \_\_\_\_\_ Office Phone \_\_\_\_\_

**Allergies or Medical Conditions:**

- asthma       allergies (*describe*) \_\_\_\_\_
- diabetes       medications(*reason, name, dosage -describe details below*)
- seizures       reaction to medications (*describe below*)

In the space below, please describe any illness or condition which the ministry team or a treating physician should be aware, and what, if any, limitation for activity or action of protection is required. An additional sheet may be attached if needed. All information will be treated confidentially.

---

**Consent for Participation**

I/We the undersigned have legal custody of the child named above, a minor, and have given our consent for him/her to attend and participate in all Children's events organized by St. Matthew's United Methodist 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.

**Consent for Transportation**

I/We give permission for the above named child to be transported during St. Matthew's children's events. Transportation may be by Church van, private vehicle, or other conveyance. I understand that there will be supervision for each trip and that all passengers will be required to comply with church rules for travel. I also understand that the Church provides no insurance for transportation other than standard liability insurance coverage. I/we are responsible for transportation to and from any event.

**(Please complete other side)**

**Name of Child** \_\_\_\_\_

**Consent for Medical Treatment**

In the event that the child named above is injured and requires the attention of a doctor, I/we consent to the rendering of routine or emergency medical/dental care necessary to preserve the health of our (my) child, including diagnostic, medical and surgical treatment by authorized members of a outpatient, emergency or hospital staff or their designees, as may in their professional judgment be necessary. 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 child named above. I also authorize first aid to be administered as judged to be needed by ministry staff.

**Consent for Photography**

I/We give permission for photographs or video of the above name child to be taken during St. Matthews events. These images could be used in publications, multimedia presentations, included on our webpages, or to store for the purposes of archiving. Web images will not identify child by name, and will not be used for commercial purposes.

I/We have provided the above information, have read and consent to my/our child's participation, transportation, medical care and photography. I/We understand that this consent will apply to all situations present and future, and that a copy of this form is as valid as the original. This consent is to remain in effect for one year from date signed or written revocation is made.

Parent/guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_