

Bellaire United Methodist Church
PERMISSION/MEDICAL/MEDIA RELEASE 2007-2008

Referring to _____ Date of Birth ____ / ____ / ____ Age ____
(Circle one: M / F)

Address _____ City/State/Zip _____

Entering Grade _____ Home Phone _____ Cell Phone _____

As parent(s), legal guardian(s), or custodian(s) of this minor, I/we permit him/her to participate in all officially supervised Bellaire UMC Ministry programs and activities for which he/she is registered or participates (when no registration is required). I/we knowingly release, absolve, indemnify and hold harmless Bellaire United Methodist Church, its Members, Trustees, Administrative Board, Committees and Staff, as well as the organizers, sponsors, workers and all others acting on behalf of Bellaire UMC or its programs and activities, from all claims that might result from any accident, personal injury, illness or death to the minor named above in connection with any such program or activity.

In the event I/we cannot be reached to make arrangements for emergency medical attention, I/we authorize the designated event supervisor to administer or authorize the administration of emergency medical treatment in case of illness or injury to the minor named above.

Family Physician _____ Phone _____

Medical Insurance Coverage _____ Group/Policy No _____
(Name of Company)

Allergies _____

Date of Last Tetanus Shot _____

All medications presently taken _____

Please list any previous illnesses, injuries or special needs of which staff or sponsors should be aware _____

Emergency Contacts: (List in the order they should be called)

1. Name _____ Relationship to child _____
Phone Numbers: Day _____ Cell _____ Pager _____
2. Name _____ Relationship to child _____
Phone Numbers: Day _____ Cell _____ Pager _____
3. Name _____ Relationship to child _____
Phone Numbers: Day _____ Cell _____ Pager _____
4. Name _____ Relationship to child _____
Phone Numbers: Day _____ Cell _____ Pager _____

Media Release Waiver

I hereby grant full permission to Bellaire UMC to use any and all photographs, likenesses or video images of my son/daughter, _____, for inclusion on the church or school Web sites and/or on printed materials the Church may develop or maintain. These images may be used in connection with, but not limited to, education purposes, teacher training or publicity.

I also waive and release any and all claims against the Church that may directly or indirectly arise from my child's photograph or photographic likeness being used in connection with said Web site or printed materials. It is my understanding that, if requested by me, I will be allowed to view the photograph before its inclusion on the Church's website or printed materials, and that I have the right to have any photographs of my child removed prior to its inclusion on the Web site or in the printed materials.

Signature(s) of Parent/Guardian/Custodian _____

Please copy your current Insurance Card on the reverse side of this form before submitting to BUMC.