

Troy First Methodist Church Children's Ministries
Medical & Liability Release Statement

I understand that in the event that medical intervention is needed, every attempt will be made to immediately contact the persons listed on the form. In the event that we cannot be reached in an emergency situation, I hereby give my permission to the physician or dentist selected by the Troy First Methodist activity leader to hospitalize, to secure medical treatment, and/or to order an injection, anesthesia, or surgery for my child as deemed necessary.

I understand that my insurance coverage for my child will be used as the primary coverage in the event that medical intervention is needed.

I understand that all reasonable safety precautions will be taken at all times by Troy First Methodist Church and its agents during the events and activities. I understand the possibility of unforeseen hazards and know the inherent possibility of risk. I agree not to hold Troy First Methodist Church, its leaders, employees, and volunteer staff liable for damages, losses, diseases, or injuries incurred by the subject of this form.

Parent or guardian (Print) Parent/Guardian Signature Date

Student (over 18) (Print) Student (over 18) Signature Date

**Troy First United Methodist Church
Medical Release Form**

NAME OF STUDENT: _____
Date of Birth: _____ Grade: _____
Address: _____
City: _____, **AL** Zip Code: _____
Social Security #: _____

EMERGENCY CONTACT PERSON

Name: _____
Relationship to Student: _____
Address (if different than above): _____

Phone: _____ *circle one:* **home** **cel** **work**
Phone: _____ *circle one:* **home** **cel** **work**
Phone: _____ *circle one:* **home** **cel** **work**

ALTERNATE CONTACT PERSON

Name: _____
Relationship to Student: _____
Address (if different than listed): _____

Phone: _____ *circle one:* **home** **cel** **work**
Phone: _____ *circle one:* **home** **cel** **work**
Phone: _____ *circle one:* **home** **cel** **work**

INSURANCE INFORMATION

Name of Insurance Company: _____
Policy Number: _____ **Group Number:** _____
Name of Insured: _____
Family Doctor: _____ **Phone:** _____

HEALTHY HISTORY

Pre-existing or present medical conditions: _____

Name & dosage of any medications: _____

Allergies: _____

Any activity restrictions: _____

Check any that apply:

_____ Hay Fever _____ Heart Condition _____

Asthma

_____ Physical handicap _____ Frequent upset stomach _____ Diabetes

Any major illnesses during this past year: _____ YES _____ NO

If yes, _____

Date of last tetanus shot: _____

**Troy First United Methodist Church
Children's Ministries**

Date: _____
Child's name: _____
Date of birth: _____ T shirt size: _____
Grade in school: _____ School attending: _____
Parent(s)' names: _____
Home address: _____
CONTACT INFO:
***Mother:** _____
Mother's email: _____
Phone numbers-
Cel: _____ work: _____ Home: _____
***Father:** _____
Father's email: _____
Phone numbers-
Cel: _____ work: _____ Home: _____
***Emergency contact:** _____

Relationship to child

Cel: _____ work: _____ Home: _____
• FUMC picks up participating FRIENDS children from school on Wed. afternoons.
• Which school does your child attend? _____
• FRIENDS dismissal 5 pm. Children to be signed out by an adult listed by parents.

PARENTAL CONSENT:

I, (please print) _____, being the parent or legal guardian of (Child) _____, do hereby consent to the participation of this child in any of the activities and trips conducted by the Troy FUMC Children's Ministry Program.

Signature: _____ Date: _____

TRANSPORTATION CONSENT:

I, (please print) _____, being the parent or legal guardian of (Child) _____, give my permission for my child to ride the church van/bus for activities conducted by the Troy FUMC Children's Ministry Program. I understand that transportation to and from FUMC Children's activities may be provided by licensed van or bus drivers, as well as by individual drivers/vehicles driven by church members. I release Troy FUMC and these individuals from any liability.

Signature: _____ Date: _____

MEDIA CONSENT:

I, (please print) _____, parent of (Child) _____, do give consent for my child to view selected audio/visual materials which are rated G and have been previewed by church staff. I also give permission for my child to be photographed or videotaped. I understand that these images may be displayed in church publications, church buildings, or website/social media sites. I understand that my child's name will never be published or linked with posted photographs or videos.

Signature: _____ Date: _____

I give permission to the following to SIGN OUT and PICK UP my child:

1 Name: _____

1. **Name:** _____

Relationship to child: _____

PHONE: _____

2. **Name:** _____

Relationship: _____

PHONE: _____

3. **Name:** _____

Relationship: _____

PHONE: _____

I, (please print) _____, being the parent or legal guardian of _____, give permission to the aforementioned to SIGN OUT and PICK UP my child. Once my child is signed out, I release Troy FUMC for all liability. I also understand that the above names *must come in and sign my child out* in order for the FUMC Children's Ministry Program to release the child.

Signature: _____

Date: _____

Troy First United Methodist Children's Department Policies

*Our goal is to make Disciples of Christ. We seek to help all children draw nearer to the transforming power of God through meaningful worship, bible study, and engaging activities.
We will help them to show God's love to others through service in our community and world.*

Since Troy First's ministries are based on the love of Christ, WE WILL:

- Treat every other person with dignity, admiration, and Christian love.
- All (Staff, volunteers, and children) work together to help each other.
- Never tolerate behavior or action that is harmful.
- Respect ourselves and others, holding ourselves in high regard.
- Show reverence for the Church building and its contents as these are dedicated to God.

Using Christ as our example, WE WILL:

- Learn how to manage and control our behavior.
- Be kind and courteous to others.
- Follow instructions the first time.

Parents are encouraged to participate in our programs and show support for staff/volunteers and our policies.

We need your cooperation in order to provide the best experience all children.

All volunteers and staff are expected to interact with children in a friendly, cooperative manner. Leaders will provide positive feedback to children when they are meeting expectations and will provide calm, consistent re-direction and/or consequences when students are not meeting expectations.

According to United Methodist *SafeSanctuary* standards, all staff and volunteers have been through a recent background check with TRAK-1 screening services.

We hope parents will use proper channels of communication in letting us know of absences, special circumstances, or concerns.

Courtney Little 334-538-7595

Church Office: 334-566-4400

FUMC picks up participating children from school on Wed. afternoons.

FRIENDS dismissal is 5 pm. Children are to be signed out by an adult listed by parents.

A variety of disciplinary procedures are available for use by volunteers and staff, which may include:

- Verbal reprimand and re-direction
- Time-out and documentation
- Parent notification
- Pastor Referral
- Parent conference

In the case that disciplinary problems persist, the student will be asked to leave the program.

Please keep this copy.