

**Contact/Insurance Information, Medical Consent, Transportation  
Permission, and Activity Permission Form  
for Catawba United Methodist Church**



Child's Full Name \_\_\_\_\_ Birthdate \_\_\_\_\_

Child's Address \_\_\_\_\_ Phone \_\_\_\_\_

Father \_\_\_\_\_ Phone \_\_\_\_\_ Alternate Phone \_\_\_\_\_

Mother \_\_\_\_\_ Phone \_\_\_\_\_ Alternate Phone \_\_\_\_\_

Other Emergency Contact- Name \_\_\_\_\_ Phone \_\_\_\_\_

Allergies, special health conditions or medications currently being taken (Please be specific)

\_\_\_\_\_  
\_\_\_\_\_

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**Family Insurance / Medical Information**

Name of Child's Physician &/or Health Clinic \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Name of Child's Dentist &/or Dental Clinic \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Hospital Preferred for Emergency Treatment \_\_\_\_\_

Health Insurance Provider \_\_\_\_\_ Policy \_\_\_\_\_

Name of Insured \_\_\_\_\_ Company \_\_\_\_\_

**Please Read and Complete the Reverse Side for:**

**Emergency Treatment & Transportation Permission**

and the

**Participation Agreement**

## Emergency Treatment & Transportation Permission:

Child's Full Name \_\_\_\_\_

As the parent or legal guardian of the above named minor child, I do hereby consent for the above named child to attend and participate in all activities provided by Catawba United Methodist Church. In case of any emergency, I authorize Catawba United Methodist Church and its agents to seek emergency medical, dental and/or surgical care from a hospital or physician if I am unable to make the decisions for my minor child for whom I am responsible. I understand the Catawba United Methodist Church hereby agrees to insure that all reasonable efforts will be made to contact the parents, legal guardians and/or emergency contacts listed on this form. I understand that I am responsible to any and all medical providers for charges incurred for my minor child that are not covered by third party benefits. I also quitclaim and release Catawba United Methodist Church from any and all liability in the event of an accident en route, during, or return from any church activity.

Parent or Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

### Participation Agreement

In consideration for the opportunity to participate in the activity, the Participant (or parent/guardian if Participant is a minor) acknowledges and accepts the risks of injury associated with participation in and transportation to and from the activity. The Participant (or parent/guardian) accepts personal financial responsibility for any injury sustained during the activity or during transportation to and from the activity. Further, the Participant (or parent/guardian) promises to indemnify, defend, and hold harmless the activity sponsor or its agents, employees, volunteers, or any other representatives (collectively referred to hereinafter as the "Sponsor") for any injury related directly or indirectly out of the described activity or transportation to and from the activity, whether such injury arises out of the negligence of the Sponsor or otherwise.

### Social Media Policy

We are on Social Media and photograph events for our website and media pages. Please check the appropriate box below on permission to photograph your child in social settings and/or candid shots. This **does not** include the photographing for identification purposes, when necessary. \*Please note that we value your privacy and do not name individuals "Publicly" on our sites.

I Do  I Do Not:

Give permission for photographs to be taken of my child and /or published.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*(Participant or parent/guardian if participant is a minor)*

Are there any custody issues that we should be aware of?  No  Yes

If Yes, please provide documentation if necessary