

# GREENOCK UNITED METHODIST CHURCH

## Emergency Release/Permission Form

Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Grade: \_\_\_\_\_

Parent/Guardian Name(s): \_\_\_\_\_

Church: \_\_\_\_\_ District: \_\_\_\_\_

Address: \_\_\_\_\_ Zip \_\_\_\_\_

Email: (parents) \_\_\_\_\_ (student) \_\_\_\_\_

Phone: (home) \_\_\_\_\_ (work) \_\_\_\_\_

*In the event the Parent/Guardian listed above cannot be reached, please contact:*

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship to child \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship to child \_\_\_\_\_

Insurance Company and Policy # \_\_\_\_\_

Special Medical Information \_\_\_\_\_

Please list any food allergy \_\_\_\_\_

Please list any environmental allergy \_\_\_\_\_

Medication for allergies \_\_\_\_\_

I give \_\_\_\_\_ my permission to go and participate with Greenock UMC Church on their activity and or trip to \_\_\_\_\_. I fully understand the dangers and risks involved in the activities that my child will be participating in and will assume all Responsibility of injury in connection with them, releasing and discharging Greenock UMC Church and the Counselors/Sponsors involved with this trip, of responsibility. In case of emergency, I hereby give permission to the physician selected by the leaders to hospitalize, secure proper treatment for, and to order injection, anesthesia, or surgery for my child, as named above, if I cannot be immediately reached guaranteeing payment of such treatment.

Signature of Parent or Guardian: \_\_\_\_\_

Today's Date: \_\_\_\_\_

**Greenock United Methodist Church**  
**Authorization Form for Photo And Video Usage**

I, \_\_\_\_\_ Parent or Legal Guardian  
of \_\_\_\_\_ authorize

Greenock United Methodist Church to: (Please initial the appropriate space for permission)

Childs Name \_\_\_\_\_

- Take pictures of my child to be posted inside the church \_\_\_\_\_
- Take pictures of my child for use in printed publications, church's website, and social media accounts \_\_\_\_\_
- Include my child in videos that will be used for internal church purposes only \_\_\_\_\_
- Include my child in videos that will be used on the church's website, social media, and You Tube Accounts \_\_\_\_\_
- Permission to use my child's full name in any and all publications including but not limited to local newspapers \_\_\_\_\_

Signed \_\_\_\_\_ (Parent or Legal Guardian)

Date \_\_\_\_\_