



KID QUEST PARENTAL PERMISSION FORM BREMEN 1ST UMC

321 Hamilton Avenue, Bremen, GA 30110 - 770-537-2672

In case of emergency, illness, or accident, the pastor or counselors/chaperones will contact parents at the earliest possible moment. However, as contacts cannot always be made immediately, we need emergency permission granted and signed.

Therefore, I _____, parent or legal guardian of _____, do hereby grant permission for my child to participate in any and all activities with the First United Methodist Church of Bremen, Georgia. I agree that Tara Nix and Leanna Mehan, who are on the professional church staff, and/or any of the FUMC volunteers/chaperones do hereby have my permission to make decisions concerning the welfare of my child. Permission includes, but is not limited to, medical care, hospitalization, and any emergency treatment, either during travel or at the time of the activity; and furthermore, I will not hold FUMC of Bremen members or representatives liable for said decisions.

I knowingly release, absolve, indemnify, and hold harmless Bremen First United Methodist Church and its representatives from all claims. This agreement pertains to all programs and activities, including those where transportation is provided.

Should medical help be needed, I agree to pay either directly or through my own personal health and accident insurance policy all medical or hospital costs.

I also understand that if my child should become incapacitated in any way, or if his/her behavior warrants, I agree to pick him/her up at any destination or provide the funds for him/her to be sent home on the next available form of mass transit.

In cooperation with those who represent me in matters pertaining to my child, I submit the following information (please print):

Child's Name: _____ Birth date: _____ Grade: _____
Address: _____
Home Phone: _____
Parents' Name(s): _____
Cell #: _____



Emergency Contact 1(name/relationship): _____

Phone: _____

Emergency Contact 2 (name/relation): _____

Phone: _____

Medical Insurance Carrier: _____

Policy #: _____ Phone: _____

Family Doctor: _____ Phone: _____

My child has allergies as listed:

To Medication: _____

Environmental:

Any physical conditions a physician treating my child should be aware of are listed below:

Other information:

Present medication:

Date of last Tetanus shot

Any other information a counselor would find helpful in giving my child the best care possible:

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Digitized by srujanika@gmail.com

Signature of Parent/Guardian

Sign
Email

Alt Email

Alt. Email
Date

Date _____

Cell #

Can you receive texts? _____



KID QUEST T-SHIRT

Child's name _____ Age _____ Size _____

*Please make checks payable to FUMC Children's Ministry, enclose in an envelope and give to Tara Nix or send to the Church Office.

I have enclosed a \$10.00 gift to help cover the cost of the KID QUEST shirt.

I have enclosed an extra gift to help cover the cost for others who may not be able to afford it.

THANK YOU! THANK YOU! THANK YOU! THANK YOU!



Transportation Release Form

Bremen 1st UMC

- KID QUEST Program

I give permission for my child to be picked up by the First United Methodist Church transportation from H.A. Jones Elementary (K-3rd grade) or the Bremen Academy (4th/5th grade) and taken to the church to participate in the KID QUEST Bible Study Program on Wednesdays.

Child's Name _____

Grade _____

Teacher _____

Parent Signature_____

Date _____

Daytime Phone #_____