



Leavenworth
First United Methodist Church

422 Chestnut St. ~ Leavenworth, KS 66048

Youth Ministries

youth@leavenworthfirst.org

Main Office - (913) 682-5374

www.leavenworthfirst.org

2018 Medical Release & Emergency Contact Form

Please complete and return this form with a copy of the front and back of your child's insurance card.

This form and any attachments will be kept in a binder accessible at all church-sponsored youth events. Please communicate in writing any changes to your contact or insurance information. Please note transportation may be provided in either the church van or in the personal vehicle of another parent or leader. Safe Gatherings policies will be followed at all times to protect both youth participants and adult leaders.

Child Name

Child Birthdate

Parent/Guardian Name

Parent/Guardian Phone Number

Parent/Guardian Name

Parent/Guardian Phone Number

Emergency Contact Name

Emergency Contact Phone Number

Preferred Hospital

Preferred Doctor & Phone Number

Please list any medical concerns or allergies:

By signing below, I grant permission for my child named above to be transported to and from Leavenworth First United Methodist Church. I hereby authorize any hospital, clinic, physician, doctor, nurse, or technician to furnish any medical care or treatment necessary as a result of injuries sustained as the circumstances require while at Leavenworth First United Methodist Church, while being transported to and from Leavenworth First United Methodist Church, or while at the place of destination. I hereby authorize a representative of Leavenworth First United Methodist Church to retain or acquire medical care or treatment on my behalf if I cannot be reached by telephone or if there is not time or opportunity to make contact. I agree not to hold any representative of Leavenworth First United Methodist Church responsible for any associated damages.

Parent/Guardian Signature

Date

Witness Signature

Date

Please complete both sides of this form, and remember to include a copy of an insurance card.

~ A Church of the Ages...Serving the Present Age ~



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Publication/Website/Media Picture Permission Form
(for individuals under the age of 18 years)

Please fill out and sign the appropriate statement to either give or to decline permission to use pictures of your child on the church website, social media, and /or other church publicity. Please return this form to the church office.

To GRANT permission to use your child/children's pictures

I _____ (Please print your name) **GRANT** First United Methodist Church of Leavenworth the perpetual, royalty-free right to publish photo(s), video(s), likeness(es), or image(s) of my child(ren), _____ (Please print child or children's name(s)) in any manner including but not limited to publications and online use. I understand that brochures, newsletters, website displays, social media, and news media have a large audience and my child(ren)'s photo will be available to the general public. (Names will not be used in any publication). I further understand that First United Methodist Church of Leavenworth assumes no liability or responsibility whatsoever concerning any consequences of such use.

I further state that I have the right to give this permission as I am the child(ren)'s parent or legal guardian.

I understand that if I give notice to the online content manager that I object to any particular picture on the website or social media, it will be removed as soon as possible.

To REFUSE permission to use your child/children's pictures

I _____ (Please print your name) **REFUSE** to grant permission for First United Methodist Church of Leavenworth to publish photo(s), video(s), likeness(es), or image(s) of my child(ren), _____ (Please print child or children's name(s)) in any publications or on the church's various websites and social media. Any pictures which include a recognizable picture of my child(ren) may not be used unless I change this statement with particular written permission to the contrary for that instance.

I further state that I have the right to refuse this permission as I am the child(ren)'s parent or legal guardian.

SIGNED _____

DATED ____ / ____ / ____

Please complete both sides of this form.