

First United Methodist Church shall consider this form effective for as long as the child is a participant of the programs of FUMC or until parent/guardian withdraws the child from FUMC programs.

Authorization and Release Form

First United Methodist Church, Graham, Texas

I hereby give permission for my child to travel with First United Methodist Church members on field trips as planned by the church. It is my understanding that only authorized FUMC drivers will be used.

Signed _____ Date _____
(Parent or legal guardian)

Child's name (please print) _____

Parent or legal guardian's name (please print)

Phone number for contact Home _____ Work_ _____ Cell

Alternate phone contact: Name _____ Number _

Date _____ Signed _____
(Parent or legal guardian)

Emergency Treatment

In the event of an illness or accident that requires immediate medical treatment to _____ at a time when a parent cannot be located, I
(Child's Name)

give permission for an approved representative of First United Methodist Church to authorize such treatment. I will not hold the church or medical personnel responsible, hi signing this I understand that every attempt will be made to contact the child's parents/legal guardian, physician, or other persons listed for emergency contact.

Date _____ Signed _____ -
(Parent or legal guardian)

Physician _____ Phone _____

Medical Insurance Co. _____ Policy

Other persons who may be notified if parents/legal guardian cannot be contacted:
Name _____ Phone _____

Permission to Photograph

I am aware that from time to time the children hi the programs of First United Methodist Church will be photographed. These pictures may be used to promote the church through the church newsletter, website, ^posters, city newspaper, or other sites. (No personal information will be used on website.)

I hereby _____ give my permission
_____ do not give my permission

for my child to be photographed by First United Methodist Church, Graham, Texas