



**FIRST METHODIST
CHURCH WETUMPKA**



Student Ministry Annual Permission Form

**First Methodist Church Wetumpka
306 W. Tuskeena St., Wetumpka, AL 36092
Phone: 334-567-7865 • Fax: 334-567-7867
www.wetumpkafirst.com**

Special Instructions for this form:

- 1.) Fill out all fields completely**
- 2.) Form will not be accepted if it is not notarized**
- 3.) Attach copies of valid insurance cards**
- 4.) If you have questions, call the church office at 334-567-7865**

No student will participate in bus/after school ministry, or any activities held at or away from the church premises, without this completed form turned in.

Medical Release Form

Participant/Student Information:

Student Name: _____ Today's Date: ____ / ____ / ____
School: _____ Current Grade: _____
Home Address: _____
Date of Birth: ____ / ____ / ____ (Street) (City) (State) (Zip)
Student Cell Phone: (____) _____ Home Phone: (____) _____
Other Phone: (____) _____ Student Email Address: _____
Best way to contact you: Cell Phone Home Phone Email Other _____

Parent/Guardian Information:

Parent/Guardian Name: _____ Cell Phone: (____) _____
Home Phone: (____) _____ Other Phone: (____) _____
Email Address: _____
Home Address: _____
(Street) (City) (State) (Zip)
Best way to contact you: Cell Phone Home Phone Email Other _____
I will let the student minister know if this contact information changes: Yes No

Alternate Contacts/Emergency Contacts

Name: _____ Phone: (____) _____
Relationship to Student: _____
Name: _____ Phone: (____) _____
Relationship to Student: _____

Insurance Information

Provider: _____ Policy Holder: _____
Policy Number: _____ Group Number: _____

Medical Information:

List all physical and/or mental conditions of the participant/student we should be aware of to best care for them: _____

All Medications: _____
Known Allergies: _____
Dietary Restrictions (vegetarian, gluten free, food allergies, etc.): _____

I give permission for my student to participate in all activities of First Methodist Church Wetumpka, both on and off premises. I understand that my student may be traveling from Wetumpka, Alabama, to the destination of these activities via church or a private vehicle driven by a member of the church staff or church volunteers. I understand that my student may also be suspended from certain youth activities if he/she fails to be respectful and compassionate towards others in the student ministry or cooperate with the leadership of the church.

I hereby release First Methodist Church Wetumpka, its staff, clergy, and volunteer workers from responsibility and liability for any illness or injury that my student may sustain during church activities. I also agree to hold harmless the staff, clergy, and volunteers of First Methodist Church Wetumpka for anything that may happen to my student off of church premises, even when my student may have left a church event early or without notice. In the event of an emergency, I hereby authorize an adult leader of the church as an agent for me to consent to any x-ray examination, medical, dental, surgical diagnosis, treatment and hospital care advised and supervised by a physician, surgeon, dentist, or other medical professional licensed to practice under the laws of the state where services are rendered at any appropriate health care facility. I expect to be contacted as soon as possible if any of these types of emergency events occur.

Signature of Parent/Guardian: _____

Printed Name: _____ Date: ____ / ____ / ____

Before me, the undersigned Notary Public in and for the State of Alabama at Large, appeared _____, who is known to me, and who, after being duly sworn by me, acknowledged that he/she executed the above document both knowingly and voluntarily on the same bears date.

Notary Public

My commission expires on: _____

Permission to Pick Up Students

Person(s) my student may be released to:

Student's Name: _____

| Name | Relationship to Student | Address | Phone |
|------|-------------------------|---------|-------|
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Additional Permissions

**I give my permission for my student to participate in:
(check yes or no for each item and sign and date at the bottom)**

1. Activities at or away from the church campus: YES NO

2. Transportation for my student provided by YES NO
 First Methodist Church Wetumpka:

3. Photographs that may or may not be used on the YES NO
 First Methodist Church Wetumpka website,
 Facebook page, etc. (names will not be posted):

4. If needed, my student may be given over the YES NO
 counter medication including: Tylenol, Advil, Aleve,
 Benadryl, Tums, Pepto Bismol etc. If yes, are there
 any specific OTC medications they cannot have? _____

Signature of Parent/Guardian: _____

Printed Name: _____ Date: ____ / ____ / ____