

**CANNON'S CAMP GROUND UNITED METHODIST CHURCH
CHILDREN'S MINISTRY PERMISSION FORM**

All the information received is for church use. Medical information is used for emergency situations.

Name _____ Date of Birth _____

Mailing Address _____

Telephone Numbers: Day _____ Evening _____ Cell _____

Allergies _____

Medical conditions of which we need to be aware _____

Medications _____ (Name and Dosage)

Parent/Guardian name _____

Address (if different) _____

E-mail address of parent _____@_____._____

E-mail address of child, if applicable _____@_____._____

Insurance Information (**A COPY OF CARD MUST BE ATTACHED**...required by many hospitals!)

Name of Insured _____ ID # _____ Group # _____

Relationship to Child _____

Name of Physician _____ Telephone _____

Emergency Contact (if parent cannot be reached) _____ Number _____

**Permission Form
(Children cannot participate until this form is signed!)**

_____ has my permission to participate in all Children's activities associated with Cannon's Camp Ground United Methodist Church. I have discussed with my child that he or she needs to display appropriate behavior that is a positive representation of him or her self, the church, and above all, Christ. I understand that if my youth disregards the rules set forth by the attended event and by the children's leaders and counselors, he or she may be dismissed from said event. I will be contacted by phone to discuss the situation in detail.

I/We understand that Cannon's Camp Ground United Methodist Church has in place a "Safe Sanctuary" policy that is designed to protect the children and that the church is mandated to abide by the policy as set forth.

I release all rights and claims for damages I have against any party for injuries that may occur. I give my permission for a staff member/volunteer to provide any necessary medical attention needed. In the event the injury surpasses the abilities of the staff/volunteers, I understand that appropriate medical attention will be sought at the nearest medical facility or by ambulance. I will be notified by telephone of injuries that require the attention of a physician. All other injuries will also be recorded and proper notification will be given to me by a staff member/volunteer. I also understand that the church carries liability on all its participants, and in the event of a medical occurrence, I understand that the church will pay the difference of medical expenses ONLY after the church receives a copy of the EOB of said occurrence. Parents must provide proof of medical visits/bills before insurance is filed with the church. All occurrences are to be given to the church in written form within 36 hours of occurrence.

Signature of Parent/Guardian

Date

THIS PERMISSION FORM IS GOOD FOR ONE YEAR FROM DATE AND MUST BE UPDATED IN THE EVENT INFORMATION CHANGES.