

**Bluffton First United Methodist Church**  
Emergency Medical and Photo Release for Children/Youth

Student's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_

Allergies: \_\_\_\_\_

Medications: \_\_\_\_\_

Parent/Guardian Names: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Primary Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship to Child/Youth: \_\_\_\_\_

Secondary Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship to Child/Youth: \_\_\_\_\_

I give permission for my child, \_\_\_\_\_, under the supervision of First UMC staff and trained servants, to travel by personal vehicle, and to attend approved trips or fellowship events. I hereby release permission for the said personnel to attend to the needs of my child. In the case that I cannot be contacted, I give permission for any treatment deemed necessary by hospital or medical staff by filling out the following:

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**EMERGENCY MEDICAL AUTHORIZATION**

Emergency Medical Authorization must be completed for your child to participate. This enables you to authorize the provision of emergency treatment for your child if they become ill or injured while under church authority. **Please complete either Part I or Part II.**

**Part I: I GIVE** consent for my child to receive emergency medical care if I cannot be reached. Initial: \_\_\_\_\_

**Insurance Information:** (Please provide a copy of your insurance card if possible.)

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Policy Number: \_\_\_\_\_ Group Number: \_\_\_\_\_

Name of Insured: \_\_\_\_\_ Date: \_\_\_\_\_

**Part II: I DO NOT** give consent for my child to receive emergency medical care if I cannot be reached. Initial: \_\_\_\_\_

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**PHOTO RELEASE**

\_\_\_\_\_ By initialing here, I grant Bluffton First UMC, a United Methodist Community, its representatives and employees the right to take photographs/video of me and/or my children in connection with First UMC Ministries. I authorize First UMC, its assigns and transferees to copyright, use and publish the same in print and/or electronically. I agree that First UMC may use such photographs/videos with or without my name and for any lawful purpose, including for example such purposes as publicity, illustration, advertising, and Web content.

\_\_\_\_\_ By initialing here, I do not give permission for my child to be photographed or videoed.

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Parent/Guardian Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_