

Abbeville United Methodist Church - Nativity - 2019

Child's Name: _____ Date of Birth: _____

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Address: _____

City: _____ St: _____ Zip: _____

Parents/Guardians:

Contact #: _____ Contact #: _____

Email: _____

Any known food allergies or health conditions:

Doctor: _____ # _____

Dentist: _____ # _____

In addition to Parents/Guardians, only persons listed here will be allowed to pick up your child so please list all possible pick up persons. _____

Permission for Emergency Medical/Dental Care, Photo Permission and Liability Release

If emergency treatment is required and I cannot be reached immediately, my signature in the space below empowers the Church authorities to exercise their own judgment in calling the physician or dentist indicated above, or if not available to transport my child to a hospital emergency room. My signature below is not sufficient for the release of confidential information protected by Federal Law. I further give the Church permission to use photos of my child participating in Church activities in whatever manner the Church deems safe and acceptable. I further agree to indemnify, hold harmless, release and forever discharge Abbeville United Methodist Church and all of its officials, employees, coordinators or volunteers from any claims which I or my heirs, or any other persons acting on my behalf have or may have against Abbeville United Methodist Church by reason of any accident, illness or injury or other consequences arising or resulting directly or indirectly from the participation of my minor child in Church activities. This authorization is good while my child is participating in Church activities or until revoked by me, in writing. I agree to notify Church officials immediately as to changes or modifications to any/all information stated above.

Signature of Parent or Legal Guardian

Date