

Kennesaw United Methodist Church

1801 Ben King Road

Kennesaw, Georgia 30144 (770) 428-1543



STUDENT (12th grade & under) Medical Release and Permission Form

Name _____ Grade _____

Address _____

City _____ State _____ Zip _____

Email _____

Home Phone _____ Age _____ Date of Birth _____

Parent/Guardians

1 - Name _____ Phone # _____ Cell # _____

2 - Name _____ Phone # _____ Cell # _____

Emergency Contacts (NOT listed above):

#1 Name _____ Relation to child _____

Phone Number(s) _____ Cell # _____

#2 Name _____ Relation to child _____

Phone Number(s) _____ Cell # _____

Please list all food and medical allergies, current medications, medical problems, or other pertinent information. Use reverse side if more space is needed.

Insurance Company _____ *Attach copy of card.

Group Number _____ Policy Number _____

Physician _____ Phone Number _____

Physician's Address _____

Dentist _____ Phone Number _____

Orthodontist _____ Phone Number _____

1* ____ I give **permission for my child to participate in activities** with Kennesaw United Methodist Church (KUMC) programs both on and off church campus. 2* ____ I give **permission for KUMC to use photos of my child's ministry involvement** for promotional use as well as website placement. 3* ____ I give **permission for my child to be transported to and from offsite activities** and release KUMC and all adult sponsors or church staff from any liability in the event of any accident during ministry sponsored events. 4* ____ I give **permission for my child to be examined, x-rayed, and treated by any licensed medical facility, office, hospital, or emergency facility**, if in the judgment of the staff or representative from KUMC, emergency care, including anesthesia or surgery, is required to insure the health and well-being of my child. I understand that every effort will be made to contact me.

*(*Parent/Guardian must initial to acknowledge and approve.)*

I understand this medical release/permission form is valid for one year and acknowledge that it is my responsibility to update it as needed.

Signed _____ Date _____

Parent/Guardian Signature

Notary _____ Date _____