First United Methodist Church
72 Lake Morton Drive - Lakeland, Florida 33801 (863)686-3163

MEDICAL RELEASE AND PERMISSION FORM
FOR YOUTH AND CHILDRENS MINISTRIES
(Required prior to participation in any church-related trip or activity)
Expires: August 31, 2026

MINOR'S FULL NAME:_____
(Last) (First) (MI)

Birth date: _____/_____/_____
Student's Current School: _____Current Grade: _____

MINOR'S MEDICAL HISTORY:

Allergies: _____
Current Medications: _____
Date of Last Tetanus Shot: _____ Other Medical Concerns/ Special Needs:_____
_____

MEDICAL INSURANCE INFORMATION:

Insurance Company: _____ Phone: _____
Policy/Group# : _____
Regular Physicians Name: _____
Primary Insured (parent/guardian): _____

PARENT/LEGAL GUARDIAN/EMERGENCY CONTACT INFORMATION:

Name: _____
Relationship to Minor: _____ E-Mail Address: _____
Mailing Address: _____ Zip: _____
Home Phone:_____ Work Phone: _____ Cell Phone: _____
Place of Employment: _____
Emergency Contact Person (other than parent/legal guardian)

Name: _____ Phone: _____ Cell Phone: _____

PERMISSION/HOLD HARMLESS FORM:

As the custodial parent or legal guardian of the minor named above, I am aware of the involvement and participation of this minor in activities at and excursions with First United Methodist Church groups, staff, and adult chaperones. I request and authorize the staff and adult chaperones of FUMC to exercise temporary custody and care of this, my minor child while on church-related events. During such time as my child is in the care of the staff and/or adult chaperones, and in the event that my child shall need medical treatment or care, including, but not limited to emergency surgery, hospitalization, or other emergency or non-emergency medical care, I hereby authorize and consent to such medical treatment and care that may be deemed necessary for my child, at my expense. I shall be responsible for any and all costs or expenses of providing such care and treatment for my child, and shall reimburse, indemnify, and hold harmless First United Methodist Church, its staff and adult chaperones from same. I further understand that it is solely my responsibility to provide the church with an updated MEDICAL RELEASE AND PERMISSION FORM if any changes occur in the information provided above. I understand that this form will remain on file at the church to be used for all events in which my child participates.

PHOTO RELEASE AUTHORIZATION:

By registering I agree to allow my child to be photographed and their image may be used in any future publications or materials distributed by First UMC. This includes but not limited to media such as newsletters, advertisements, websites and social media. If I have any questions or concerns regarding the use of my child's image, I understand I can contact First UMC.

OVER THE COUNTER MEDICINE CONSENT:

In the case of an allergic reaction, headache, injury, fever or other non-emergency related incidences that happen with my child, I give permission to church personnel to administer the appropriate amount of medicine for my child's age and weight when I am not in programming or at an outside event or trip. Medication that I am allowing the church to administer includes Benadryl, Ibuprofen, Aspirin, Advil or Tylenol. Medication will be stored and locked in the Children's Check-In and in the Director of Youth Ministries office in a safe in the F building. When on trips, medication from this list will be carried and administered to by the Directors of Children's Ministries, Director of Youth Ministries and Associate Director of Youth Ministries.

Yes _____ No _____ Comments/Other: _____

BEFORE ME, THE UNDERSIGNED AUTHORITY, PERSONALLY APPEARED:

Print Name: _____
Sworn to and subscribed this _____ day of _____, 20 _____
Signature of Parent/Legal Guardian: _____
(Signature of Notary) _____

NOTARY PUBLIC, STATE OF FLORIDA, COUNTY OF POLK
NOTARY SEAL

Approved Pick-Up List for Both Children and Youth

When the parent/guardian is unable to pick up the child or youth these names listed below are the only adults allowed to sign-out and pick up the child/youth. If a name does not appear on this list below then that adult will not be allowed to sign-out or pick up the child/youth. Please write down the approved adults: (Name & Relationship to Child/Youth)

1. _____
2. _____
3. _____
4. _____
5. _____

********** YOUTH MINISTRY FAMILIES ONLY **********

SOCIAL MEDIA RELEASE:

Our current child protection policy states that adults are not allowed to be personal friends with youth on social media. However, we know that many students are very active on social media and express themselves on those platforms. This is a release and giving only the Youth Ministries Staff (Emily Felgenhauer and Megan Gallagher) to be personal friends with them on Instagram, TikTok and Facebook to help us continue to build relationships with them as well as be a part of your village as parents looking out for them.

We do have youth group pages that your students can be friends with us on. However, this would allow them to be "personal" friends with us. Please indicate below if you are giving the Youth Ministries Staff permission or not to be friends with your student on these platforms.

YES_____ NO _____