

**MEDICAL RELEASE AND PERMISSION FORM
FOR YOUTH AND CHILDRENS MINISTRIES**
(Required prior to participation in any church-related trip or activity)
Expires: August 31, 2027

Student's Current School: _____ Current Grade: _____

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

Primary Insured (parent/guardian): _____

Name: _____ Phone: _____ Cell Phone: _____

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 Kyle Francavilla) 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 _____