



Union United Methodist Church - Irmo, South Carolina

PERMISSION TO TRANSPORT AND TREAT/PHOTO RELEASE FOR MINOR CHILDREN

Child's Full Legal Name: _____ **DOB:** _____

Address/City/State/Zip: _____

Parent(s)/Legal Guardian(s): _____

Phone/Email: _____

Address/City/State/Zip: _____

PERMISSION TO TRANSPORT/TREAT:

I, the undersigned parent and/or guardian of _____, a minor, hereby give my permission for my child – valid for 12 months from date signed - to be transported to and from and participate in all trips, outings and events with Union United Methodist Church. I do hereby release UUMC, all adult sponsors/leaders, and all church staff from any liability in the event of any accident enroute, during, and/or returning from any UUMC sponsored events.

I also give my permission for my child to be examined, x-rayed, and treated by any means necessary by any licensed medical facility, office, hospital, or emergency facility, if in the judgement of the adult sponsors/leaders, emergency care is required to ensure the health and well being of my child and I am unable to be reached immediately.

PHOTO RELEASE:

I give my permission for my child to be photographed during participation of all ministry activities with UUMC, and I give my permission for said photos to be published via UUMC and affiliated social media and all print publications related to UUMC.

Please list any prescription medications this child takes regularly: _____

Please list any disease/disorder/illness/allergy: _____

Does your child have/need an Epi-Pen? Do they know how to use it? _____

Do you authorize over the counter medications to be given to your child? YES NO

PHYSICIAN/INSURANCE INFORMATION:

Child's Physician/Phone: _____

Insurance carrier/policy #/phone#: _____

Policy holder/DOB of Policy holder: _____

PARENT/GUARDIAN SIGNATURE: _____ **Date:** _____

PARENT/GUARDIAN SIGNATURE: _____ **Date:** _____