

First United Methodist Church (FUMC)

Children's Consent Form 2025-2026

Child's Name _____

Address _____

Gender: Male / Female

Date of Birth _____

Current Grade _____ Grade completed last school year _____

School attended _____

Email Address _____

Mother/Guardian's Name _____

Mother/Guardian's Phone/Cell # _____

Father/Guardian's Name _____

Father/Guardian's Phone/Cell # _____

Child's Special Needs, Allergies and/or Medical conditions:

Emergency contact _____

Emergency contact relationship _____

Emergency contact phone # _____

Our goal in these programs is for all children to learn and have fun. In order to accomplish this, certain expectations need to be met:

I understand that my child needs to be brought into and picked up inside the building (not dropped off at the door). By allowing my child to attend Sunday School, Vacation Bible School and/or Wednesday Night Live programming by themselves program expectations will be

adhered to. The child will be expected to follow all rules. They will need to sit quietly while waiting for programming to start. If the child's behavior becomes a disruption and nothing seems to correct the problem, the child's parents will be called, and the child will be asked to leave, or we will ask that the parent/guardian attend with the child. By selecting the "I Accept" button, I agree to this policy and understand this constitutes my electronic signature.

_____ I Accept

In consideration for being accepted by FUMC for participation in Sunday School, Vacation Bible School and/or Wednesday Night Live programming, I being the parent/guardian of the minor listed on this form do release and agree to hold harmless FUMC and the director(s) thereof from any and all liability, claims, or demands for personal injury, as well as damage and expenses, of any nature that are incurred by the parent/guardian and minor participant while participating in the above described activity. I assume all risk of personal injury, damage, and expense as the result of participation in recreational activities involved. By selecting the "I Agree" button, I give permission for the minor to participate fully in activities and understand this constitutes my electronic signature.

_____ I Agree

I hereby authorize adult staff and volunteers of FUMC to obtain emergency medical and/or dental diagnosis or treatment and hospital care provided by a licensed practitioner. I realize every attempt will be made to contact me before providing medical treatment, but also acknowledge that some emergencies may need immediate action. I agree to be liable for related costs of care and emergency transportation incurred. By selecting the "I Accept" button, I agree to this policy and understand this constitutes my electronic signature.

_____ I Accept

I hereby consent for the use of any photographs and videos taken of my child to be used with or without his/her name in the FUMC promotional materials including, but not limited to newspapers, bulletin boards, newsletters, internet and social media. I also understand that no royalty, fee, or other compensation shall become payable to me by reason of such use. By selecting the "I Accept" button, I agree to this policy and understand this constitutes my electronic signature.

_____ I Accept

Parent/Guardian Signature _____

Date Signed _____