

**Will Rogers United Methodist Church Children
Medical Release & Transportation Permission Form**

I understand the transportation to and from the event will be by church van. I agree that the church will not be held responsible in case of accident. In case of emergency or overflow, I understand that transportation to and from the event will be by private car with approved adults driving. I agree that the driver will not be held responsible in case of accident.

Parent Signature _____

The following are guidelines that have been set for our KidzBLAST and PBJ Ministries:

- All staff and adult leaders will be respected.
- Be kind to one another.
- Be quiet when an adult is speaking.
- Full participation in the activity is expected.
- Respect property.

If a child misbehaves during a specific children's activity the following procedure will be followed by our certified leader(s).

Up to three positive redirections will be given. If the child continues to misbehave, the child will immediately be taken to the parent or authorized adult. The child will not be allowed back into that activity on the specific day the behavior has occurred. If the parent or authorized adult is not present, they will be called to come pick up their child.

If the child continues on a regular basis to misbehave, then the child's parent, Children's Minister and Senior Pastor will meet to address other steps that will be taken.

Authorized by

Rev. David A. Burris
Senior Pastor

_____ has my permission to attend all Will Rogers activities
NAME OF STUDENT

sponsored by **Will Rogers United Methodist Church** (hereinafter the "Church")

Dated: _____.

This consent form gives permission to seek whatever medical attention is deemed necessary, and releases the Church and its staff of any liability against personal losses of named child.

I/We the undersigned have legal custody of the student named above, a minor, and have given our consent for him/her to attend events being organized by the Church. I/We understand that there are inherent risks involved in any ministry or athletic event, and I/we hereby release the Church, its pastors, employees, agents, and volunteer workers from any and all liability for any injury, loss, or damage to person or property that may occur during the course of my/our child's involvement. In the event that he/she is injured and requires the attention of a doctor, I/we consent to any reasonable medical treatment as deemed necessary by a licensed physician. In the event treatment is required from a physician and/or hospital personnel designated by the Church, I/we agree to hold such person free and harmless of any claims, demands, or suits for damages arising from the giving of such consent. I/We also acknowledge that we will be ultimately responsible for the cost of any medical care should the cost of that medical care not be reimbursed by the health insurance provider. Further, I/we affirm that the health insurance information provided above is accurate at this date and will, to the best of my/our knowledge, still be in force for the student named above. I/we also agree to bring my/our child home at my/our own expense should they become ill or if deemed necessary by the appropriate staff member.

Parent/guardian signature: _____ Date: _____

Photograph/videotape Release:

I give my permission for my child to be photographed or videotaped, which may be used by Will Rogers United Methodist Church for promotions. (check one) Yes _____ No _____