

## State Street UMC Child Information - Elementary

Child's Full Name \_\_\_\_\_ Birthdate \_\_\_\_\_

Grade \_\_\_\_\_ School \_\_\_\_\_

Parents' Names \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Cell \_\_\_\_\_

Email \_\_\_\_\_

Allergies/Special Needs \_\_\_\_\_

*Please provide information for a 2nd parent/guardian if information differs from above.*

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Email \_\_\_\_\_

Does your child take medication? Yes \_\_\_ No \_\_\_ If yes, please describe:

\_\_\_\_\_

Special instructions \_\_\_\_\_

### Parent/Guardian Permissions

- I give permission for photographs/videos of my child to be used for ministry publicity, either printed or electronic. I understand my child's name will not be disclosed.
- I give permission for adult personnel designated by SSUMC to obtain emergency medical services for my child, including transportation to the hospital emergency room, in the event of emergency.
- I give permission for volunteers/staff to administer first aid treatment to my child while participating at SSUMC programs.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date