



FIRST UNITED METHODIST CHURCH OF PORT ORANGE
305 DUNLAWTON AVE. PORT ORANGE, FLORIDA 32127

EMERGENCY MEDICAL/PHOTO RELEASE AUTHORIZATION & COMMUNICATION
(ALL MINORS UNDER 18 OR IN HIGH SCHOOL)

CHILD/STUDENT INFORMATION: Child's Full Legal Name (include middle):
Date of Birth: Grade: Age: Group Leader(s):
Name of Parents or Legal Guardians: Relationship:
Address: City: Florida Zip Code:
Where I may be reached: Cell; Work Parent Email:

INSURANCE AND MEDICAL: Insurance Company (I.C.):
Policy #: I.C. Address: I.C. Phone #
Parents/Guardian's Employer: Parent's/Guardian's Work Address
Child's Allergies: Last Tetanus or DPT.:
Medical History/Physical Restrictions :

MEDICINE: I give permission for child to be administered age appropriate doses of over the counter medicine for minor injuries or headaches: Yes No Check all that apply: Acetaminophen Ibuprofen Allergy Antidiarrheals

PHOTO RELEASE: I hereby consent for above participant to be photographed while participating in FUMCPO functions. The term "photograph" includes video or still photography, in digital or any other format, and any other means of recording or reproducing images. I hereby authorize the use or disclosure of the photograph(s) for the purposes of marketing, publications, news media, and charitable purposes. Yes No

ELECTRONIC COMMUNICATIONS: I hereby consent for above participant to receive electronic communications from First United Methodist Church of Port Orange Staff and/or Representatives. I understand that such electronic communications may be made via telephone, cell phone, text messaging, e-mail, the Church's social media accounts, or other electronic means. Please note: By providing the email address and/or cell phone number of a minor Participant below, the parent or guardian grants permission for electronic communication from the group leader to the Participant in regard to all group activities in which Participant participates. Parents can connect with First Church, on Facebook, Instagram & Twitter at: firstchurchpo, stuminpo, kidminpo

I insist that I be copied on all emails. Yes No Child/Student Email:
I insist that I be copied on all texts or messaging. Yes No Child/Student Cell Phone #
I insist that those permitted to communicate with my child on social media wait until I have connected first on all social media platforms before communicating with my child. Yes No Child/Student Facebook Instagram

RELEASE OF LIABILITY: Participant (and participant's parent(s)/guardian(s), if applicable) hereby acknowledge and understand that voluntary participation in First United Methodist Church of Port Orange (FUMCPO) activities involves the risk of injury or illness. These risks and dangers may be caused by the negligence of the participant or the negligence of others. By participating in such activities, participant (and participant's parent(s)/guardian(s), if applicable) expressly assume all the risk, consequences and liability related to this activity. Participant (and participant's parent(s)/guardian(s) if applicable) hereby release, forever discharge and hold harmless FUMCPO and the Florida Annual Conference of the United Methodist Church, it's officers and directors, employees, agents and volunteers from all actions, causes of action, injuries, claims, negligence, costs or expenses, arising out of or related to any such activities.

I give consent for the group leader(s) named above and or qualified medical personal to act on my behalf in securing and administering necessary emergency medical care treatment for my child/participant listed above.

Signature of Parent or Guardian:
(Sign in accompaniment of Notary)

STATE OF FLORIDA / COUNTY OF VOLUSIA

The Foregoing instrument was acknowledged before me this day of, year by Personally Known, Produced Identification (Type of ID)

NOTARY SIGNATURE

NOTARY STAMP

THIS DOCUMENT IS VALID FOR ONE YEAR FROM NOTARIZED DATE

OFFICE USE: