

FAMILY MINISTRIES INFORMATION FORM

General information and releases for families participating in Melrose Chapel United Methodist Church ministries and missions. Please complete one form per family. This information is kept confidential to be used only by Melrose Chapel UMC staff.

Family Info

Family Name _____

Mailing Address _____

City _____ State _____ Zip _____

Adult Info

Name _____ Relationship to children _____

Email _____ Phone _____

Name _____ Relationship to children _____

Email _____ Phone _____

Child Info

Name _____ Birthday _____

School _____ Grade _____

Does your child/youth have special needs and/or a behavior plan? ___ No ___ Yes
if yes, the pastor will be in touch for details

Things we should know (allergies, asthma, medications, etc.) _____

Name _____ Birthday _____

School _____ Grade _____

Does your child/youth have special needs and/or a behavior plan? ___ No ___ Yes
if yes, the pastor will be in touch for details

Things we should know (allergies, asthma, medications, etc.) _____

Name _____ Birthday _____

School _____ Grade _____

Does your child/youth have special needs and/or a behavior plan? ___ No ___ Yes
if yes, the pastor will be in touch for details

Things we should know (allergies, asthma, medications, etc.) _____

for additional children, please continue on the back

Photo/Video Release

___ I understand that photos/videos may be taken during family ministries programming/events and give permission for my child/children to have his/her/their picture(s) used for publicity in photo/video representations on the church website, Facebook, and in the building. I understand that the name(s) of my child/children will not be included.

Transportation Release

___ I understand it is my responsibility to ensure my child(ren) has/have transportation to and from Melrose Chapel UMC programs. In the event I am unable to fulfill this obligation, I consent to allow a screened adult representing Melrose Chapel UMC to transport my child(ren). In accordance with Illinois's child passenger safety laws, I will provide a car seat(s) or booster seat(s) for my child(ren)'s use as needed.

Emergency Contact

If a primary caregiver is not available in an emergency, notify the following.

Name _____ Relationship to children _____

Email _____ Phone _____

Emergency Medical Care & Safety Release

___ I understand in the event my child(ren) need(s) immediate medical attention for any injuries while participating in Melrose Chapel UMC programs, I authorize my child to receive First Aid and transport them to a health care facility as needed. I hereby acknowledge my child(ren) may be released into the care of an adult or emergency contact listed on this form at any time during a church ministry or mission.

Medical Insurance Information

Insurance Company _____

Policy Holder's Name _____

Policy Number _____ Insurance Phone _____

Liability Release

___ I understand Melrose Chapel UMC, leaders, employees, and volunteers are not liable for damages, losses, or injuries resulting from my child(ren)'s participating in church programs.

Signature _____ **Date** _____