



**FIRST METHODIST  
CHURCH WETUMPKA**



# **Student Ministry Annual Permission Form**

**First Methodist Church Wetumpka  
306 W. Tuskeena St., Wetumpka, AL 36092  
Phone: 334-567-7865 • Fax: 334-567-7867  
[www.wetumpkafirst.com](http://www.wetumpkafirst.com)**

## **Special Instructions for this form:**

- 1.) Fill out all fields completely**
- 2.) Form will not be accepted if it is not notarized**
- 3.) Attach copies of valid insurance cards**
- 4.) If you have questions, call the church office at 334-567-7865**

**No student will participate in bus/after school ministry, or any activities held at or away from the church premises, without this completed form turned in.**

# Medical Release Form

## Participant/Student Information:

Student Name: \_\_\_\_\_ Today's Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
School: \_\_\_\_\_ Current Grade: \_\_\_\_\_  
Home Address: \_\_\_\_\_  
Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ (Street) (City) (State) (Zip)  
Student Cell Phone: ( \_\_\_\_ ) \_\_\_\_\_ Home Phone: ( \_\_\_\_ ) \_\_\_\_\_  
Other Phone: ( \_\_\_\_ ) \_\_\_\_\_ Student Email Address: \_\_\_\_\_  
Best form of contact:  Cell Phone  Home Phone  Email Other \_\_\_\_\_

## Medical Information:

List all physical and/or mental conditions of the participant/student we should be aware of to best care for them: \_\_\_\_\_  
\_\_\_\_\_  
All Medications: \_\_\_\_\_  
Known Allergies: \_\_\_\_\_  
Dietary Restrictions (vegetarian, gluten free, food allergies, etc.): \_\_\_\_\_  
\_\_\_\_\_

## Participant/Student Information:

Student Name: \_\_\_\_\_ Today's Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
School: \_\_\_\_\_ Current Grade: \_\_\_\_\_  
Home Address: \_\_\_\_\_  
Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ (Street) (City) (State) (Zip)  
Student Cell Phone: ( \_\_\_\_ ) \_\_\_\_\_ Home Phone: ( \_\_\_\_ ) \_\_\_\_\_  
Other Phone: ( \_\_\_\_ ) \_\_\_\_\_ Student Email Address: \_\_\_\_\_  
Best form of contact:  Cell Phone  Home Phone  Email Other \_\_\_\_\_

## Medical Information:

List all physical and/or mental conditions of the participant/student we should be aware of to best care for them: \_\_\_\_\_  
\_\_\_\_\_  
All Medications: \_\_\_\_\_  
Known Allergies: \_\_\_\_\_  
Dietary Restrictions (vegetarian, gluten free, food allergies, etc.): \_\_\_\_\_  
\_\_\_\_\_

### Participant/Student Information:

Student Name: \_\_\_\_\_ Today's Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
School: \_\_\_\_\_ Current Grade: \_\_\_\_\_  
Home Address: \_\_\_\_\_  
Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ (Street) (City) (State) (Zip)  
Student Cell Phone: ( \_\_\_\_ ) \_\_\_\_\_ Home Phone: ( \_\_\_\_ ) \_\_\_\_\_  
Other Phone: ( \_\_\_\_ ) \_\_\_\_\_ Student Email Address: \_\_\_\_\_  
Best form of contact:  Cell Phone  Home Phone  Email Other \_\_\_\_\_

### Medical Information:

List all physical and/or mental conditions of the participant/student we should be aware of to best care for them: \_\_\_\_\_  
\_\_\_\_\_  
All Medications: \_\_\_\_\_  
Known Allergies: \_\_\_\_\_  
Dietary Restrictions (vegetarian, gluten free, food allergies, etc.): \_\_\_\_\_  
\_\_\_\_\_

### Participant/Student Information:

Student Name: \_\_\_\_\_ Today's Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
School: \_\_\_\_\_ Current Grade: \_\_\_\_\_  
Home Address: \_\_\_\_\_  
Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ (Street) (City) (State) (Zip)  
Student Cell Phone: ( \_\_\_\_ ) \_\_\_\_\_ Home Phone: ( \_\_\_\_ ) \_\_\_\_\_  
Other Phone: ( \_\_\_\_ ) \_\_\_\_\_ Student Email Address: \_\_\_\_\_  
Best form of contact:  Cell Phone  Home Phone  Email Other \_\_\_\_\_

### Medical Information:

List all physical and/or mental conditions of the participant/student we should be aware of to best care for them: \_\_\_\_\_  
\_\_\_\_\_  
All Medications: \_\_\_\_\_  
Known Allergies: \_\_\_\_\_  
Dietary Restrictions (vegetarian, gluten free, food allergies, etc.): \_\_\_\_\_  
\_\_\_\_\_

## Participant/Student Information:

Student Name: \_\_\_\_\_ Today's Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
School: \_\_\_\_\_ Current Grade: \_\_\_\_\_  
Home Address: \_\_\_\_\_  
Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ (Street) (City) (State) (Zip)  
Student Cell Phone: ( \_\_\_\_ ) \_\_\_\_\_ Home Phone: ( \_\_\_\_ ) \_\_\_\_\_  
Other Phone: ( \_\_\_\_ ) \_\_\_\_\_ Student Email Address: \_\_\_\_\_  
Best form of contact:  Cell Phone  Home Phone  Email Other \_\_\_\_\_

## Medical Information:

List all physical and/or mental conditions of the participant/student we should be aware of to best care for them: \_\_\_\_\_  
\_\_\_\_\_  
All Medications: \_\_\_\_\_  
Known Allergies: \_\_\_\_\_  
Dietary Restrictions (vegetarian, gluten free, food allergies, etc.): \_\_\_\_\_  
\_\_\_\_\_

## Parent/Guardian Information:

Parent/Guardian Name: \_\_\_\_\_ Cell Phone: ( \_\_\_\_ ) \_\_\_\_\_  
Home Phone: ( \_\_\_\_ ) \_\_\_\_\_ Other Phone: ( \_\_\_\_ ) \_\_\_\_\_  
Email Address: \_\_\_\_\_  
Home Address: \_\_\_\_\_  
(Street) (City) (State) (Zip)  
Best way to contact you:  Cell Phone  Home Phone  Email Other \_\_\_\_\_  
I will let the student minister know if this contact information changes:  Yes  No

## Alternate Contacts/Emergency Contacts

Name: \_\_\_\_\_ Phone: ( \_\_\_\_ ) \_\_\_\_\_  
Relationship to Student: \_\_\_\_\_  
Name: \_\_\_\_\_ Phone: ( \_\_\_\_ ) \_\_\_\_\_  
Relationship to Student: \_\_\_\_\_

## Insurance Information

Provider: \_\_\_\_\_ Policy Holder: \_\_\_\_\_  
Policy Number: \_\_\_\_\_ Group Number: \_\_\_\_\_

I give permission for my student(s) to participate in all activities of First Methodist Church Wetumpka, both on and off premises. I understand that my student(s) may be traveling from Wetumpka, Alabama, to the destination of these activities via church or a private vehicle driven by a member of the church staff or church volunteers. I understand that my student(s) may also be suspended from certain youth activities if he/she fails to be respectful and compassionate towards others in the student ministry or cooperate with the leadership of the church.

I hereby release First Methodist Church Wetumpka, its staff, clergy, and volunteer workers from responsibility and liability for any illness or injury that my student may sustain during church activities. I also agree to hold harmless the staff, clergy, and volunteers of First Methodist Church Wetumpka for anything that may happen to my student(s) off of church premises, even when my student may have left a church event early or without notice. In the event of an emergency, I hereby authorize an adult leader of the church as an agent for me to consent to any x-ray examination, medical, dental, surgical diagnosis, treatment and hospital care advised and supervised by a physician, surgeon, dentist, or other medical professional licensed to practice under the laws of the state where services are rendered at any appropriate health care facility. I expect to be contacted as soon as possible if any of these types of emergency events occur.

Signature of Parent/Guardian: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Before me, the undersigned Notary Public in and for the State of Alabama at Large, appeared \_\_\_\_\_, who is known to me, and who, after being duly sworn by me, acknowledged that he/she executed the above document both knowingly and voluntarily on the same bears date.

\_\_\_\_\_  
Notary Public

My commission expires on: \_\_\_\_\_

# Permission to Pick Up Students

Person(s) my student may be released to:

Student's Name: \_\_\_\_\_

Student's Name: \_\_\_\_\_

Student's Name: \_\_\_\_\_

Student's Name: \_\_\_\_\_

Student's Name: \_\_\_\_\_

Name	Relationship to Student	Address	Phone

## Additional Permissions

**I give my permission for my student(s) to participate in:  
(check yes or no for each item and sign and date at the bottom)**

1. Activities at or away from the church campus:  YES  NO
2. Transportation for my student(s) provided by First Methodist Church Wetumpka:  YES  NO
3. Photographs that may or may not be used on the First Methodist Church Wetumpka website, Facebook page, etc. (names will not be posted):  YES  NO

Signature of Parent/Guardian: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_