

**First United Methodist Church, New Braunfels**  
**CHILD/YOUTH INFORMATION & RELEASE FORM**

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Youth Cell: \_\_\_\_\_

Youth email: \_\_\_\_\_

Church You Attend: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Address (if different) : \_\_\_\_\_

Work Phone: \_\_\_\_\_ Cell/Other Phone: \_\_\_\_\_

Father's email: \_\_\_\_\_

Do you wish to receive weekly email updates? YES  NO

Do you wish to receive weekly text messages? YES  NO

Mother's Name: \_\_\_\_\_ Address (if different): \_\_\_\_\_

Work Phone: \_\_\_\_\_ Cell/Other Phone: \_\_\_\_\_

Mother's email address: \_\_\_\_\_

Do you wish to receive weekly email updates? YES  NO

Do you wish to receive weekly text messages? YES  NO

Name of another responsible adult: \_\_\_\_\_

Telephone: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Physician's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Preferred Local Hospital Name & Address: \_\_\_\_\_

MEDICATION ROUTINELY TAKEN: \_\_\_\_\_

MEDICATION THAT CANNOT BE TAKEN: \_\_\_\_\_

Allergies: \_\_\_\_\_

Special health problems, concerns, dietary needs: \_\_\_\_\_

Insurance Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Name of Insured: \_\_\_\_\_ Group Number: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Date of Last Tetanus Shot: \_\_\_\_\_

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**MY CHILD WILL ATTEND:** (List Churches' Specific Event/ Events requiring Transportation to be checked by parent or guardian. )

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**AUTHORIZATION FOR PARTICIPATION:**

I hereby give my permission for my child, \_\_\_\_\_, to participate in all child/youth activities sponsored by First United Methodist Church, New Braunfels.

I expect that any and all responsible leaders and sponsors will take **REASONABLE PRECAUTION TO ENSURE THE SAFETY** of my child during church-sponsored activities, and I **ABSOLVE** any and all staff, leaders and sponsors and First United Methodist Church, New Braunfels TX **OF ANY LIABILITY** for any accident or illness which might occur during the course of such activities.

**AUTHORIZATION FOR TRANSPORTATION:**

I hereby give my permission for adult leaders and other volunteers to transport my child. I understand that all drivers will be licensed, at least age 25, and that the church will have a current copy of the driver's license and insurance on file. All adults, youth and children will wear seat belts, and no child age 12 or under will ride in the front seat.

**AUTHORIZATION FOR PHOTO PUBLICATION:**

I give permission for my child's photo to be published in print and/or online.

**AUTHORIZATION FOR TREATMENT:**

I hereby give my permission for any responsible staff, leaders or sponsors to administer first aid to my child if necessary, or to seek additional medical attention including tests, surgery, etc. as necessary in a medical emergency. I agree to pay all costs and expenses incurred in connection with such medical services rendered to my child. Attempts to contact the parent or guardian will be made as soon as possible following the emergency.

**\*\*\*I understand that it is MY RESPONSIBILITY TO NOTIFY ALL ADULT LEADERS OF ANY AND ALL CHANGES IN THE INFORMATION PROVIDED concerning my child, and to UPDATE THIS FORM AS NEEDED.**

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Signature of Parent or Legal Guardian

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Date