

First United Methodist Church

1001 5th Avenue, Conway, SC 29526

843-488-4251

CONTACT & PERMISSION FORM

Child's Name: _____

Child's Date of Birth: _____ **School Grade(06-07)** _____ **Gender** _____

Child's Email: _____ @ _____

Parent(s) Name: _____

Home Address: _____

Home Phone: _____ **Cell Phone:** _____

Work Phone: _____

Parent Email: _____ @ _____

My child, _____ has my permission to participate in activities sponsored by First United Methodist Church. I authorize the Director and/or adult leaders to act on my behalf in the event of a medical emergency if I cannot be contacted.

In the event of an emergency, and a parent cannot be contacted, we should call:

1. **Name:** _____ **Relationship:** _____

Contact Number(s): _____

2. **Name:** _____ **Relationship:** _____

Contact Number(s): _____

Insurance Information *(please attach a copy of your insurance card if possible)*

Company: _____

Identification Number: _____

Phone Number: _____

Please list all allergies or other medical concerns:

Parent Signature: _____ **Date:** _____