



Legacy United Methodist Church
Student Ministry Information Form

Updated June 2017

Student Name _____ M / F

Birthdate _____ Current Grade _____ School _____

Student's Cell Number (if they have one) _____ Allowed Texts? Y / N

Address (for receiving mail) _____

City/State/Zip _____

Parent(s)/Guardian(s) _____

Parent's Phone _____ circle: Cell / Home / Work 2nd Phone option _____

Parent's Email _____

Emergency Contact (other than listed above) _____

Relationship to Student _____ Phone _____

Does the student have any allergies? YES / NO If "Yes," please explain.

Does the student have any medical conditions? YES / NO If "Yes," please explain.

**Legacy United Methodist Church
Student Ministry Consent Form**

Throughout the year, we will have activities away from Legacy property. These activities will always have adult supervision and adult drivers. We will inform you of any off-site plans ahead of time if you rather your student did not attend.

_____ YES, my student may attend off-campus activities with Legacy Student Ministry.

The undersigned does also hereby give permission for our (my) student to ride in any vehicle designated by the adult in whose care the minor has been entrusted while attending and participating in activities sponsored by Legacy United Methodist Church.

_____ NO, I would rather my student remain at the church during these activities.

In case of injury or illness during a Student Ministry event, Legacy leaders will make all attempts to contact us (me). In the event they cannot contact us (me), we (I) authorize an adult, in whose care the minor has been entrusted, to consent to any X-ray examination, anesthetic, medical, surgical, or dental diagnosis or treatment, and hospital care, to be rendered to the minor under the general or special supervision and on the advice of any physician or dentist licensed under the provision of the Medical Practice Act on the medical staff of a licensed hospital, whether such diagnosis or treatment is rendered at the office of said physician or hospital. The undersigned shall be liable and agree(s) to pay all costs and expenses incurred in connection with such medical and dental services rendered to the aforementioned student pursuant to his authorization. Should it be necessary for our (my) student to return home due to medical reasons or otherwise, the undersigned shall assume all transportation costs.

_____ Initial here, indicating you read, understood and agree.

Throughout the year, Legacy may include pictures and video of students on our website (legacyumc.org) and various social media networks (Facebook, Twitter, Instagram, etc.). Student images are also used on various promotional materials for the church.

_____ YES, I give permission for my student's image to be included on Legacy's website, social media networks, and various publications.

_____ NO, I do not give permission for my student's image to be included on Legacy's website, social media networks, and various publications.

Parent/Guardian Signature _____ Date _____