



Kids Sunday Lunch Bunch Release and Consent Form

_____ has my permission to attend Kids Sunday Lunch Bunch at St. Francis UMC.

Print Full name of participant (First and Last Name)

Birthdate: _____ Age: _____ School Grade: _____

Print full name of Mother/Guardian

Print full name of Father/Guardian

Street Address

City, State

Zip Code

Mother phone & email

Father phone & email

Liability Release and Consent for Treatment in the unlikely event that my child is injured while participating in activities at St. Francis UMC, my child and I relinquish all rights to recover damages for any and all injuries sustained by my child. In consideration for St. Francis UMC granting my child permission to participate in Children’s Ministry activities, I hereby release St. Francis UMC, its employees, and volunteers from liability of injuries occurring in St. Francis activities.

In case of emergency, I hereby authorize St. Francis UMC Children’s Ministry to contact emergency personnel and release pertinent personal information so that my child may receive treatment.

Liability Release, Consent for release of information for treatment (choose one) YES NO

Please list allergies, medical or other special conditions we should be aware of: _____

Does your child have any dietary restrictions? _____

Will your child be carrying an Epi-Pen? YES or NO

In case of emergency (when the parent/guardian cannot be reached contact:

NAME: _____ PHONE: _____ RELATIONSHIP TO CHILD: _____

I give permission for photos to be taken of my child participating in Children’s Ministry activities: YES or NO

People who have my permission to pick up my child(ren) when I am unable to:

NAME: _____ PHONE: _____ RELATIONSHIP TO CHILD: _____

NAME: _____ PHONE: _____ RELATIONSHIP TO CHILD: _____

Is there anything else you would like for us to know about your child: _____

I acknowledge that I have read and completed the above information:

_____ **Print** full name of Parent/ Guardian

_____ **Signature** of Parent/Guardian

_____ **Date** (MM/DD/YYYY)

Please complete and return this form via email to michele@stfrancischarlotte.org.