



**First UMC—Cuyahoga Falls—245 Portage Trail 44221
Youth/Children’s Ministries Liability,
Medical, Event Permission Slip, and Photo Release**

General Release from Liability: I hereby release First United Methodist Church, its staff, officers, youth leaders, and other agents from all liability connected with children’s and youth programs and activities, including transportation and all programs, during the period of August 1, 2024 through August 1, 2025.

I understand that my child may take part in activities away from the church building and ride in vehicles driven by volunteers. These activities could include programs outside the state of Ohio. Detailed information will be provided in advance.

In Case of Emergency: In the event of an emergency, illness or accident, parents or guardians will be contacted at the earliest possible moment. However, as contacts cannot always be made immediately, we need permission for emergency medical care.

TO BE COMPLETED BY THE PARENT OR GUARDIAN OF PARTICIPANT

In the event (print name of participant) _____ suffers any illness or accident requiring emergency treatment, hospitalization, medication, or surgery while participating in activities of First United Methodist Church, I hereby authorize any necessary treatment, hospitalization, medication, or surgery recommended by a licensed physician and approved by the person in charge of the youth activity.

Participant’s birth date _____ Email address _____

Parent/Guardian(s) full name _____

Address _____

Telephone Numbers: (H) _____ (W) _____ (Cell) _____

Emergency contact person, phone number & relationship (other than parent/guardian, as a backup contact)

Family Doctor _____ Phone Number _____

Family Dentist _____ Phone Number _____

Insurance Company _____

Policy Number _____ Group Number _____

Telephone Number _____

Known Allergic Reactions _____ Carries Epi Pen? Y N

Use of hearing aides or contact lenses _____

Serious illness or surgery last four years (explain) _____

Current medication _____

Emotional concerns or other conditions with which leaders should be familiar _____

Parent or Guardian Signature _____ Date _____



Photo Release: I grant permission deny permission for my child to be photographed and to have any photos used in any print or electronic publication created by First United Methodist Church.

Parent or Guardian Signature _____ Date _____