

First United Methodist Church

1001 5th Avenue, Conway, SC 29526 843-488-4251

CONTACT & PERMISSION FORM

Child's Name _____

Child's Date of Birth: _____ Last Grade Completed _____ Gender _____

Parent(s) Name _____

Home Address: _____

Home Phone: _____ Cell Phone: _____

Work Place and 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:

Any other information about your family or child that you wish us to know:

Parent Signature: _____ Date: _____