

# Salem UMC

## Children's Ministry Child Information Sheet

Please complete this form for *each child* participating in children's ministry, Sunday School or Children's Church.

Child's Name: (Last) \_\_\_\_\_ (First) \_\_\_\_\_

Birth Date: \_\_\_\_\_ Grade \_\_\_\_\_ Male: \_\_\_\_\_ Female: \_\_\_\_\_

Home Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Mobile Phone: ( ) \_\_\_\_\_

Email Address: \_\_\_\_\_

Custodial Parent(s) / Guardian(s): \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

Allergies, Medical or Special needs: \_\_\_\_\_

Those authorized to pick up my child are:  
(Must list first/last name & relationship to you)

\_\_\_\_\_

\_\_\_\_\_

I give permission for my child to attend Salem UMC's Sunday School, Children's Church and other Children's Ministry events. I also give permission for any video or photographs which may feature my child during Children's Ministry events to be used by Salem UMC for bulletin board, website or other ministry purposes. In the event of illness or accident I give permission for necessary first aid or medical treatment to be given. In an emergency, if I am not contactable, I am willing for my child to receive hospital treatment. I understand that every reasonable effort will be made to contact me prior to any treatment of illness or accident.

Signed (parent/guardian): \_\_\_\_\_ Date: \_\_\_\_\_