

Sunday School/Nursery 2017-2018 Registration and Medical Permission Form

Thank you for allowing your child(ren) to participate in St. John's Sunday School and Nursery.
Every child/youth under the age of 18 must be registered.
Please fill out the form completely – including the big ones in Sr. High, and little ones in Nursery.

Child/Youth: _____ Age: ____ Birthdate: _____ Grade: _____
Child/Youth: _____ Age: ____ Birthdate: _____ Grade: _____
Child/Youth: _____ Age: ____ Birthdate: _____ Grade: _____
(first and last names, please)

List any medications being taken and/or allergies (including food allergies):

Child #1 _____
Child #2 _____
Child #3 _____

(Please note: We cannot administer any medications during Sunday School or church events.)

Do any of the above children have behavioral or emotional issues we should be aware of?

Parent/Guardian Name: _____ phone: _____
Address: _____ email: _____

Parent/Guardian Name: _____ phone: _____
Address: _____ email: _____

Child(ren) live with: _____ Are there custody issues we should be aware of?

Other emergency contact person: _____
Phone: _____ Relationship to child: _____

Who, other than parent or guardian, has permission to pick up child(ren)? ID will be required if we don't know them. Name: _____ Name: _____

1.) I give my permission for the above child(ren) to participate in (check all that apply):
_____ Sunday School/Nursery _____ Youth Groups

2.) I give permission for the above child(ren)'s photo to appear:
On St. John's website (no names are used): YES / NO (circle one).
In local newspapers: YES / No (circle one).
In Methodist publications: YES / NO (circle one).

3.) I give permission for a representative of St. John's UMC to administer simple first aid and/or seek emergency treatment for the above child(ren).

Signature of Parent of Guardian: _____ Date: _____