

**WAVERLY UNITED METHODIST CHURCH
KIDS CLUB
2015-2016 School Year
CONSENT AND RELEASE FROM LIABILITY**

_____ has my permission to participate in all activities of the Waverly United Methodist Church and to be transported by Church/School bus or private car when necessary. I understand all events will have adult supervision. In consideration of the benefits to be derived from these activities, I hereby voluntarily waive any claim against the Waverly United Methodist Church, the sponsors, and the owner/or driver of the car or bus furnishing transportation to any event. I further agree to direct my son/daughter to conform to the fullest with the directions and instructions of the sponsors in charge. This consent and release is in effect until I give the Waverly United Methodist Church written notice to the contrary.

Parent/Guardian signature: _____ Phone: (_____) _____
 Cell:(_____) Work: (_____) _____
 Street _____ City: _____ Zip: _____ Email: _____

CHILD INFORMATION

Name _____ Age _____ Birthday _____ Grade _____ Teacher _____
 You can put pictures of my child on the webpage: Yes _____ No _____
 Will Ride Bus to church: _____ Parent will bring them: _____

MEDICAL CARE PERMIT

I hereby authorize emergency medical care or first-aid treatment as needed for _____ in the event of illness or injury during any sponsored activity of Waverly United Methodist Church. This permit is in effect until I give Waverly United Methodist Church written notice to the contrary.

Parent/Guardian signature: _____

Health Insurance Company: _____ Subscriber's Name: _____

Policy Number: _____ Insurance company's emergency phone: _____

EMERGENCY INFORMATION

	Parents	Nearest Relative	Neighbor
Name			
Address			
Phone			
Email			

Please print (use the back of the form if necessary)

Has he/she had any surgery or serious illness within the last 3 years? ___yes ___ no. If yes, explain:

Is he/she required to take any medication? ___yes ___ no. If so, for what reason and how often?

Does he/she have any allergies or allergic reaction to any medication or food? ___yes ___ no. If yes, explain.

Is he/she presently under a doctor's care? ___yes ___ no. If yes, explain.

****Would you be willing to provide a nutritious snack and drink every other month or so for 25-30 children? This will help us to ensure your child/children have something to snack on every week.**
 ___Yes ___NO*