

**Simpson United Methodist Church**  
Sunday School and UMYF Registration Form - 2015-2016  
Health Information and Medical Release

**ONE FORM PER CHILD – PLEASE** DATE COMPLETED \_\_\_\_\_

Name of child/youth: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ School Grade for 2015-2016: \_\_\_\_\_

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

City & State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Name of Parents or Guardians: \_\_\_\_\_

Home # \_\_\_\_\_ Cell # \_\_\_\_\_

Parents Work #'s - Mother: \_\_\_\_\_ Father: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Names of Siblings: \_\_\_\_\_

Where will parents be during Sunday school? \_\_\_\_\_

Who else has permission to pick up your child/children? \_\_\_\_\_

**Health Questionnaire:** Please list any physical handicaps, allergies, medications or restrictions your child may have: \_\_\_\_\_

Date of last tetanus shot: \_\_\_\_\_ Blood type: \_\_\_\_\_

**Medical Release and Authorization:** As the parent or guardian of the above named child, I hereby authorize SUMC youth advisors, Sunday school teachers and volunteers to make any necessary decisions in case of an emergency and I will be responsible for any expenses incurred during September 1, 2015 through August 31, 2016. I also give permission for my child to be transported to and from any scheduled Sunday school or UMYF activity away from church by advisors, teachers, or designated drivers.

The child named on the family profile **IS / IS NOT** (circle one) covered under hospitalization insurance. Insurance information: \_\_\_\_\_ Insurance Company, Policy No. \_\_\_\_\_, Address: \_\_\_\_\_ Insured Name: \_\_\_\_\_.

This child **DOES or DOES NOT** (please circle one) have an insurance card. In case we are unable to contact you in an emergency, whom shall we contact next?

Name: \_\_\_\_\_ Relation: \_\_\_\_\_ Telephone: \_\_\_\_\_

Family physician: ----- Telephone: \_\_\_\_\_

**In no event will the United Methodist Church, Simpson United Methodist Church, its ministers, officers, teachers, or agents be held liable or any first aid rendered or treatment, drugs, and medicine or surgical procedures performed pursuant to this consent. I understand that in the event of an emergency, contact with the parent or guardian will be attempted before any medical services are rendered aside from first aid.**

Signature of parent or guardian: \_\_\_\_\_ Date: \_\_\_\_\_

**I would like to volunteer for the following areas:** Refreshments: \_\_\_\_\_ Special Programs: \_\_\_\_\_

Christmas Program: \_\_\_\_\_ Easter Program: \_\_\_\_\_ Lent Program: \_\_\_\_\_ Thanksgiving: \_\_\_\_\_

Cultural Programs: \_\_\_\_\_ Games: \_\_\_\_\_ Arts/Crafts \_\_\_\_\_ Bulletin Boards: \_\_\_\_\_

Substitute teaching: \_\_\_\_\_ Christian Education Committee: \_\_\_\_\_