

**Minnetonka United Methodist Church**  
**Child Participation/Permission Form and Medical Release**  
**September 2025 - August 2026**

Child's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Primary Address \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_

Email \_\_\_\_\_ Cell Phone \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_

Email \_\_\_\_\_ Cell Phone \_\_\_\_\_

**Emergency Contact:**

Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

**Health/Medical:**

Health Insurance Provider \_\_\_\_\_ Policy Number \_\_\_\_\_

Medications \_\_\_\_\_

Allergies/other pertinent medical and/or behavioral information \_\_\_\_\_

**Media Releases:** I give permission for my child's picture to be taken and shared publicly on the church's website, social media platforms, in mailings, etc.     ☐ Yes ☐ No

**Please sign after reading and agreeing to both sides of this form:**  
**I/we have read this entire form (also see page 2) and agree to the terms:**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

# **Minnetonka United Methodist Church**

## **Child Participation/Permission Form and Medical Release**

### **September 2025 - August 2026**

I/We are the parents, the parents having legal custody, or the legal guardians of the child listed at the top of this page, a minor, and have given our consent for them to attend/participate in Children's Ministries activities from September 1, 2025 through August 31, 2026, being sponsored by Minnetonka United Methodist Church of Minnetonka. In the event that they are injured while attending activities and require the attention of a doctor, I/we consent to any reasonable medical treatment as deemed necessary by a licensed physician. In the event treatment is called for, which a physician and/or hospital personnel refuses to administer without my/our consent, I/we hereby authorize the lead adult of our group, to give such consent for us if we cannot be reached by telephone at one of the numbers listed on this form, or, because of an emergency, there is not time or opportunity to make a telephone call. In the event it becomes necessary for that person to give consent for us, we agree to hold that person free and harmless of any claims, demands, or suits for damages arising from the giving of such consent so long as the treatment is administered by or under the supervision of a licensed physician. I/We also acknowledge that we will ultimately be responsible for the cost of any medical care should the cost of that medical care not be reimbursed by the health insurance provider.

### **Liability Release**

I/We understand that there are inherent risks involved in any Children's Ministries activity, and I/we hereby release Minnetonka United Methodist Church of Minnetonka, its agents and volunteer workers from any and all liability for any injury, loss or damage to person or property that may occur during the course of my/our involvement with the organization of Minnetonka United Methodist Church of Minnetonka. Further, I affirm that the health insurance information provided is accurate at this date and will, to the best of my knowledge, still be in force for the child named above at the time of the children's ministries activity.

### **Agreement to Transport Home**

I/We are the parents, the parents having legal custody, or the legal guardians of our child, a minor, and have given our consent for them to participate in Children's Ministries activities sponsored by Minnetonka United Methodist Church of Minnetonka from September 1, 2025 through August 31, 2026. I/We understand that the lead adult of our group may need to send a child home as a result of illness or discipline problems. I/We understand if the child named above is dismissed from the children's ministry activity, they will be transported home at my/our expense. (Minnetonka United Methodist Church will attempt to contact the parent/guardian to arrange such transportation.)

### **Transportation Permission**

I/We give permission for Minnetonka United Methodist Church **leaders and event chaperones** to transport my/our child to and/or from activities directly related to Minnetonka United Methodist Church. By signing this, I/we understand that Minnetonka United Methodist Church is in no way liable for any harm to my child resulting from this transportation. I/We will conduct all transportation coordination for my child with other drivers/parents/students independently from the church and understand and accept the liability that results in these efforts. This permission will remain in effect from September 1, 2025 through August 31, 2026.