



**FIRST METHODIST CHURCH**  
**— OF ZEPHYRHILLS —**  
a Global Methodist Family

**STUDENT MINISTRY REGISTRATION, MEDICAL RELEASE, AND PERMISSION FORM**

*Required prior to participation in any church-related trip or activity*

Student's Full Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Current Grade as of today: \_\_\_\_\_

Student's Cell Phone: \_\_\_\_\_ Student's Email: \_\_\_\_\_

Allergies/Medical Notes/Issues we need to be aware of: \_\_\_\_\_

I give permission to release my child to the individuals listed below and/or to contact them in an emergency:

Name	Phone Number	Address	Relation

**PARENT/LEGAL GUARDIAN EMERGENCY CONTACT INFORMATION**

Mother's Full Name: \_\_\_\_\_

Father's Full Name: \_\_\_\_\_

Guardian's Full Name: \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work/Cell Phone: \_\_\_\_\_

Parents Place of Employment: \_\_\_\_\_

**MEDIAL INSURANCE INFORMATION**

Insurance Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Policy/Group Number: \_\_\_\_\_

Regular Physician's Name: \_\_\_\_\_

Primary Insured (parent/legal guardian): \_\_\_\_\_

**PHOTO RELEASE**

I give permission to have photographs taken during activities at First Methodist Church of Zephyrhills in which my child/youth may be included. I understand that these photos may be used in Sunday School, church presentations, bulletin boards, mobile presentation, church website, etc. Yes: \_\_\_ No: \_\_\_

**LEAVING CAMPUS**

I acknowledge and request that this child/youth be allowed to walk home from First Methodist Church of Zephyrhills and understand and agree that the church will not be supervising them during their walk home. Yes: \_\_\_ No: \_\_\_

Parent Signature

Parent's printed name

Date

As the custodial parent or legal guardian of \_\_\_\_\_, a minor child, I am aware of the involvement and participation of this minor in activities at and on excursions with the First Methodist Church of Zephyrhills groups, staff, and adult chaperones. I request and authorize the staff and adult chaperones of First Methodist Church of Zephyrhills to exercise temporary custody and care of this, my minor child while on church related events and property.

During such time as my child is in the care of the staff and/or adult chaperones, and in the event that my child shall need medical treatment or care, including but not limited to emergency surgery, hospitalization, or other emergency or non-emergency medical care, I hereby authorize and consent to such medical treatment and care that may be deemed necessary for my child at my expense.

I shall be responsible for any and all costs or expenses of providing such care and treatment form my child, and shall reimburse, indemnify, and hold harmless First Methodist Church of Zephyrhills, its staff, and adult chaperones from the same.

I further understand that it is my ultimate responsibility to provide First Methodist Church of Zephyrhills with an updated STUDENT MINISTRY REGISTRATION, MEDICAL RELEASE AND PERMISSION FORM if any changes occur in the information provided. I understand that this form will remain on file.

BEFORE ME, THE UNDERSIGNED PERSONALLY APPEARED:

Print Name: \_\_\_\_\_

Signature of Parent/Legal \_\_\_\_\_

Sworn to and subscribed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

Notary Signature: \_\_\_\_\_

NOTARY PUBLIC, STATE OF FLORIDA,  
COUNTY OF PASCO  
NOTARY SEAL/STAMP