

Richmond FUMC Emerge Youth Ministry — Student Form

August 2019 – August 2020

Basic Information (we want to know who your kids are)
Student's name	
School	Grade level
Street address	City/State/Zip
Emergency contact (name/cell)	
Medical Information (we want to be able to care for yo	ur kids in case of an emergency)
Insurance carrier	Policy No
Student's physician	Physician's phone
Known allergies	
Current medications	
Special medical problems	
FOR THE PARENT/GUARDIAN:	
I hereby appoint First United Methodist Church (FUMC)	as my agent and representative for the purpose of
authorizing and consenting to hospital care and/or med	lical care and treatment of the student named above
for any illness and/or injury that may occur while in the	e care or custody of FUMC while I am not immediately
available to give such consent.	
Transportation Permission (we want to take your kids	s with us to do fun stuff)
(please check one box)	
 As the parent or guardian of the student named the vehicles of Emerge adult leaders with those I do not give such consent. 	d above, I do hereby give consent for him/her to ride in adults driving during local trips.
Permission for overnight or out-of-state trips will b	e given separately on a form for that specific trip.
Photo Release (we want to share the great things going	on at Emerge online and in print)
(please check one box)	
used in any form, including but not limited to consocial media and local news media.	of the student named above at Emerge events to be hurch publications, the church website, church-related
☐ I do not give such consent.	
Parent/guardian name (printed)	
Parent/guardian signature	Date
FOR THE STUDENT: In participating on any trip or everesponsibly, to abide by all rules set by the adult youth youth and any other people or property I may come into	leaders and to show respect to the leaders, my fellow
Student signature	Date