

Child Information Form 2016-2017

Child Information:

Male
Female

Full Name _____ Nickname _____ Date of Birth _____

Address _____ City _____ Zip _____ Home Phone # _____ Cell Phone # _____ Additional Phone # _____

Grade Entered Fall 2016: Pre-K /K /1 /2 /3 /4 /5 Email _____

School _____

Family Information:

Mother's Name _____ Father's Name _____

Address (if not the same) _____ Address (if not the same) _____

Occupation _____ Occupation _____

Work Phone _____ Work Phone _____

Cell _____ Cell _____

Email _____ Email _____

Siblings Names and Ages _____

Emergency Information:

Dietary or Health Restrictions: _____

Doctor _____ Phone _____

Medications taken on a daily or regular basis _____

Physical or medical conditions requiring special attention _____

Allergies _____ Medications _____ Date of Last Tetnus _____

Insurance Company _____ Phone _____

Address _____

Policy # _____ Group # _____

Emergency Contacts & Additional Authorized Pick Up Persons:

Name _____ Relationship _____

Address _____ Phone _____

Name _____ Relationship _____

Address _____ Phone _____

Children's Ministry at Coldspring United Methodist Church

1 Cemetery Road, Coldspring, TX 77331
Lisa Lewis, Coordinator of Children's Ministry

COLDSRING UMC MEDICAL AND LIABILITY RELEASE AND HOLD HARMLESS (YOUTH – UNDER 18)

STATE OF TEXAS
COUNTY OF SAN JACINTO

I, _____ make this Medical Power of Attorney and Liability Release and Hold Harmless Agreement on behalf of minor child _____, in anticipation of my child’s participation in the activities of Coldspring United Methodist Church (“Coldspring UMC”), during the time period between June 1, 2016 and June 1, 2017. It is my expectation that my child is and/or will be participating in activities of Coldspring UMC, which may include Coldspring UMC Youth, VBS, Weekday Ministries, Sunday School, MYF or other Sunday morning events, and/or any other activities which may occur on or off the Coldspring UMC premises, including transportation to and from off premises activities (“Coldspring UMC Activities”). In consideration of my child taking part in Coldspring UMC Activities, I agree as follows:

1. MEDICAL/POWER OF ATTORNEY (“POA”)FOR MINOR CHILD: During the dates identified in this document I recognize that there may be times when my child is participating in a Coldspring UMC Activity and I may be unavailable to render decisions on behalf of or care for my child. I, therefore, appoint ANY CLERGY OR STAFF MEMBER OF Coldspring UMC as my true and lawful attorneys (“my attorney”) to do every act and exercise every power that I may or can do or exercise on behalf of my child, and grant my attorney the power to do everything, in my attorney’s sole discretion, that may be proper expedient or advisable, and for all intents and purposes, as I might or could do personally, until such time as my unavailability shall end. Without limiting the authority granted, I specifically grant my attorney the authority to seek, obtain, authorize, give, or otherwise get medical, health, dental, and/or emergency care for my child as may be necessary during my unavailability.

2. RELEASE AND HOLD HARMLESS RELATED TO PARTICIPATION AND POA: I (individually and as parent, next friend, or legal guardian) release, indemnify, defend, and forever discharge and hold harmless (“Release”) Coldspring UMC, its clergy, staff, employees, sponsors, chaperones, volunteers, and committee members individually and in any representative capacity (referred to as “Released Parties” in this document) of and from any and all claims, demands, liability, suits, injuries (including death), attorney’s fees, expenses, costs, causes of action, judgments or awards of any kind or character (“Loss”) which may accrue because of, arise out of, or exist on account of my child’s participation in Coldspring UMC Activities, or in any way connected with this POA or care given or obtained by and/or through it for my child. I take full responsibility for any and all care, and release and hereby agree to defend and indemnify the Released Parties for any and all Loss. I understand and agree that this Release shall expressly include Loss due to the Released Parties’ negligence (whether sole, contributory, or in any other way in part) and gross negligence. It is my intent that this release and indemnity be as broad and comprehensive as possible as I do not desire that the Released Parties have any liability, directly to me or my spouse (if any) or my child, or indirectly to any medical provider arising out of any costs, bills, claims or damages due to participation in Coldspring UMC Activities or due to this POA.

This Power of Attorney and Release shall be valid beginning June 1, 2016 and remains valid through June 1, 2017.

Signed on _____, 20____. _____
Name Signed

I hereby GRANT permission for the **photograph** of the child listed to be published on
www.coldspringmethodist.org, Website/Facebook Fan Page and/or other media of Coldspring United
Methodist Church.

Parent/Guardian Name (please print) _____ Date _____

Signature of Parent/Guardian _____ Date _____