

**Participant Information Form & Permission Waiver**

**Highland Park UMC**

1300 Second Loop Road, Florence, SC 29505 | 843.662.1233

Full Name: \_\_\_\_\_ Age: \_\_\_\_\_ DOB: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_ Cell #: \_\_\_\_\_

Student's Email Address: \_\_\_\_\_

Legal Guardian's Name(s): \_\_\_\_\_

Home Address: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

City & State: \_\_\_\_\_ Zip: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

Preferred Email Address: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

**Insurance Information**

Insurance Company: \_\_\_\_\_ Group #/ID: \_\_\_\_\_

Name of Policy Holder: \_\_\_\_\_ DOB: \_\_\_\_\_

Place of Employment: \_\_\_\_\_ Phone #: \_\_\_\_\_

Employer's Address: \_\_\_\_\_ City & Zip: \_\_\_\_\_

**Medical History**

Primary Care Physician: \_\_\_\_\_ Phone #: \_\_\_\_\_

**Please list any of the following:**

Medications you are taking (Prescription or Over the Counter): \_\_\_\_\_

\_\_\_\_\_

Allergies: \_\_\_\_\_

Medical Conditions or physical limitations: \_\_\_\_\_

\_\_\_\_\_

Surgeries & Dates: \_\_\_\_\_

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**Permission Waiver**

I, \_\_\_\_\_, give my permission for son/daughter, \_\_\_\_\_, to attend and participate in all HPUMC Children's Ministries sponsored activities that take place on and off the church campus in 2022. I also give permission to ride on the HPUMC bus or in the personal car of an adult chaperone. I understand that to revoke this document at any time, my request must be in writing.

I further grant permission for a licensed physician or other medical personnel, chosen by the Children's Director or other adult chaperone, to perform emergency medical treatment including x-rays, the prescribing of drugs, or surgery for /son/daughter in 2022. I understand and expressly represent that I will be solely responsible for the payment of any and all medical expenses and any other expenses incurred by the church in obtaining the proper medical care for \_\_\_\_\_.

\_\_\_\_\_  
Signature of Parent or Legal Guardian

\_\_\_\_\_  
Date

**Children's Ministries Communications & Media Waiver**

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**Text Messaging Communication**

The Children's Ministries of HPUMC uses multiple means to communicate with the parents concerning programs and events including US Postal Service mailings, e-mails, and text messaging. Text Messaging is one form of communication that is popular and practical when trying to communicate in this day and age. The text messages sent by the Children's Ministries will be reminders about upcoming events, announcements, schedule changes, instructions to check email or visit the HPUMC website for updated information, and biblical or inspirational messages. Your permission is being requested because receiving text messages can involve a financial obligation and varies depending on your carrier and plan.

I, give permission for HPUMC Children's Ministries to communicate with \_\_\_\_\_ via text message. (Your Name(s))

\_\_\_\_\_  
(Today's Date)

**The following information is required to receive text messages.**

Parent's Name: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_ Provider: \_\_\_\_\_

Parent's Name: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_ Provider: \_\_\_\_\_

**Pictures and Video Posted on Children's Ministries/Church Website**

Photographs and videos are taken at most HPUMC Ministry events. Some photographs and videos may be posted on social media.

I \_\_\_\_\_ give permission for the image of \_\_\_\_\_, my son/daughter to be used on the  
*(Do or Do Not)*

HPUMC Children's and Church Facebook Pages and the HPUMC Website.

\_\_\_\_\_  
(Parent/ Guardian's Signature)

\_\_\_\_\_  
(Today's Date)