



NORCROSS FIRST UNITED METHODIST CHURCH
EMERGENCY RESPONSE FORM AND PHOTO/VIDEO WAIVER (see back)

Name _____ Grade _____ School _____

Home address _____ Home phone _____ - _____ - _____
_____ Cell phone _____ - _____ - _____

D.O.B. ____/____/____ Student Email address _____

Allergies (write none if none apply) _____

Current medication taken daily _____

Can your student swim? _____ Date of Last Tetanus Shot _____

Past medical history (diabetic, seizures, high blood pressure, etc.) _____

Emergency Contact Information

Mother's name _____ Home phone number _____ - _____ - _____
Cell phone number _____ - _____ - _____ Email _____

Father's name _____ Home phone number _____ - _____ - _____
Cell phone number _____ - _____ - _____ Email _____

Other name _____ Home phone number _____ - _____ - _____
Relationship _____ Cell phone number _____ - _____ - _____

Family physician _____ Phone number _____ - _____ - _____
Address _____

Insurance Information

Please provide a copy (front and back) of your insurance card.

Name _____ Policy number _____

Policy holder's name _____ Phone _____ - _____ - _____

All above information kept confidential and only viewed by NFUMC staff, or requested by certified medical personnel for obtaining information in case of an emergency.

I am giving permission for trained emergency medical personnel to treat the above stated child in the event that either contact above could not be reached. I am the legal guardian of above stated child and have the authority to release such an order.

Print name _____ **Sign** _____ **Date** ____/____/____

Notary _____ **Sign** _____ **Date** ____/____/____

**PHOTO/VIDEO WAIVER: I, _____ understand that my student,
_____ may be photographed or video recorded for church publications,
advertisements and spotlights. I understand all photographs and video taken during student ministry
organized and staff programs and special events may be used to help promote, advertise and highlight
Connect Student Ministry at Norcross First United Methodist Church.**

Signature

Date