



**Lexington**  
United Methodist Church

## Appendix IX

### Children's/Youth Medical & Legal Release

309 E. Main Street, Lexington SC 29072

(803) 359-6838 /

[www.lexumcsc.com](http://www.lexumcsc.com)

**Please Print Neatly**

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

Birth Date: \_\_\_/\_\_\_/\_\_\_ Address: \_\_\_\_\_

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

Name of Parents or Legal Guardians: \_\_\_\_\_

Address (if different than student): \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Email address: \_\_\_\_\_

**Emergency Contact Information** - Please give the names of 2 people **other than yourself** who may be contacted in the event of an emergency.

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

Phone: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_

**Insurance Information:** Insurance Company: \_\_\_\_\_ Policy Number: \_\_\_\_\_

Address: \_\_\_\_\_

Name of Parent/Guardian Employer: \_\_\_\_\_

**Medical/Allergy Information:** Allergies: \_\_\_\_\_

Medications being taken: \_\_\_\_\_

Does an adult have to monitor the medication: \_\_\_yes \_\_\_no (If yes, attach instructions)

Any other medical/significant information: \_\_\_\_\_

**I give my consent for the children/youth group counselors and/or qualified medical personnel to act on my behalf in securing and administering necessary medical care and treatment for my child.**

As parent or legal guardian I \_\_\_do \_\_\_do not give consent to the use of digital images (photographs or video) of my child taken during Lexington UMC sponsored or sanctioned events. This would include use for normal church communication channels (Newsletter, Youth or Church Facebook page, LUMC website, etc.).

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_