

Annual Conference Child Care



MEDICAL INFORMATION

This section must be completed for ALL children in the daytime Childcare program of CTCUMC.

In the event that I cannot be reached to make arrangements for emergency medical attention for my child(ren), I hereby authorize the Child Care Coordinator or designated party to seek medical attention as needed.

Insurance Carrier: _____

Policy #: _____

List below any known allergies of your child(ren):

Name(s) of Child(ren)

Allergic to:

Signature of Parent or Legal Guardian

Date

TRAVEL RELEASE

Please complete the following information for any child(ren) who has completed Kindergarten through 6th grade.

I hereby give my consent for my child(ren) named below to travel under supervision to the planned field trips and activities scheduled for my child(ren) in the Central Texas Conference daytime childcare program for 10; 11; 12-June-2013. I understand that my child(ren) is subject to the rules and regulations of the Arborlawn United Methodist Church and the leaders of the daytime childcare program of the Central Texas Conference regarding behavior and personal discipline, and I hereby release both the Arborlawn United Methodist Church and the Central Texas Conference from all liability for injuries or illness resulting from circumstances beyond their control.

Name(s) of Child(ren)

Age(s) or Grade Completed in School:

Signature of Parent or Legal Guardian

Date