

United Methodist Church of Ludington
Student Information and Parent/Guardian Permissions Form

Student Information

Name _____ Sex: M _____ F _____

Address _____ ZIP _____

Grade _____ Date of Birth _____ School _____

Phone Number _____ Email _____

Allergies _____

Medical and/or emotional concerns (Use other side of this form if necessary) _____

Family Doctor _____ Phone Number _____

Parent/Guardian Information

Name _____

Address _____

Phone Number _____

Emergency Contact other than Parent _____

Phone Number _____ Relationship to Student _____

Name(s) of person(s) other than parent to whom student may/can be released _____

Name(s) of person(s) to whom student MAY NOT be released _____

Parent/Guardian Permissions

I hereby give my permission for my son/daughter to receive emergency care at Memorial Medical Center.

I give permission for my child's name and photo to be published in the United Methodist Church of Ludington newsletter (Footprints), on the website (ludingtonumc.org), and in the Ludington Daily News. I also give permission for my child to be videotaped during Sunday School, VBS or other church activities.

Parent/Guardian Signature _____ Date _____