

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

Student Information

Name: _____ Sex: M _____ F _____

Address: _____ ZIP: _____

Date of Birth: _____ Phone Number: _____

Grade going into: _____ School being attended: _____

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: _____