



# Lacey United Methodist Church

P.O. Box 151 203 West Lacey Road Forked River, N.J. 08731 Office - 609.693.5222

## DRAMA CLUB - PARENTAL PERMISSION AND MEDICAL RELEASE

I, \_\_\_\_\_, a parent or legal guardian of \_\_\_\_\_, do hereby grant permission for her/him to participate in all activities related to Drama Club.

I agree that the adult team members have my permission to make decisions (in loco parentis) concerning the welfare of my child. Permission includes, but is not limited to, medical care, hospitalization and any emergency treatment **in the event I am unavailable**. Furthermore, I will not hold Pastor Jonathan Campbell, and/or the Drama Club Team or Lacey UMC liable for any said decisions.

Adult leadership team must be made aware of any medications, including over-the-counter medications being taken by my child and any allergies.

\_\_\_\_\_  
Signature of Parent/ Guardian Date

\*I give permission for Lacey United Methodist Church to use any photographs/videos, which may feature my child, made during Drama Club in newsletters, PowerPoint, LUMC website and/or social media.

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

EMERGENCY NUMBER \_\_\_\_\_

EMERGENCY CONTACT \_\_\_\_\_

FATHER'S NAME \_\_\_\_\_ PHONE \_\_\_\_\_

MOTHER'S NAME \_\_\_\_\_ PHONE \_\_\_\_\_

MEDICATIONS \_\_\_\_\_ ALLERGIES \_\_\_\_\_

PEDIATRICIAN NAME/NUMBER \_\_\_\_\_

MEDICAL RESTRICTIONS \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_

HOME PHONE \_\_\_\_\_ CELL PHONE(S) \_\_\_\_\_

EMAIL \_\_\_\_\_ CHILD'S BIRTH DATE \_\_\_\_\_

GRADE \_\_\_\_\_ SCHOOL \_\_\_\_\_

NAMES OF ADULTS WITH **PERMISSION** TO PICK CHILD UP IN MY STEAD \_\_\_\_\_

NAME OF PERSON(S) **RESTRICTED** FROM PICKING UP MY CHILD \_\_\_\_\_