

**SALEM UNITED METHODIST CHURCH  
Safe Sanctuaries Policy and Procedures**

**Child/Youth Program Participation**

*This form must be filled out and submitted annually.*

**This form was submitted or updated on \_\_\_\_\_ (Date)**

**Full name of child \_\_\_\_\_**

**Date of Birth \_\_\_\_\_ Grade \_\_\_\_\_ School \_\_\_\_\_**

**Parents or Legal Guardians \_\_\_\_\_**

**Address \_\_\_\_\_**

**Home Phone \_\_\_\_\_**

**Email Address \_\_\_\_\_**

**Place of Employment (Father) \_\_\_\_\_**

**Work Phone (F) \_\_\_\_\_ Cell Phone (F) \_\_\_\_\_**

**Place of Employment (Mother) \_\_\_\_\_**

**Work phone (M) \_\_\_\_\_ Cell Phone (M) \_\_\_\_\_**

**Please provide the information for a second parent or guardian if this information differs from any of the above.**

**Parents or Legal Guardians \_\_\_\_\_**

**Address \_\_\_\_\_**

**Home Phone \_\_\_\_\_**

**Place of Employment \_\_\_\_\_**

**Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_**

Name of child's physician \_\_\_\_\_

Physician's phone number \_\_\_\_\_

Insurance Information \_\_\_\_\_

Allergies? \_\_\_\_\_ If yes, please describe.

**Additional Information**

Name and phone number of additional contact person in case of emergency (this should be someone who is familiar with the family and who knows how to contact the parent or guardian).

Name and Relationship \_\_\_\_\_

Phone \_\_\_\_\_

**Parent/Guardian Permission**

I hereby give Salem UMC permission to use photographs or videos of my child in any church-related publicity materials, both printed and electronic. I understand that my child's name will not be disclosed.  
Yes \_\_\_\_\_ No \_\_\_\_\_

I hereby give permission to adult personnel designated by Salem UMC to obtain emergency medical services, including transportation to the hospital emergency room, for my child if immediate medical care is necessary.  
Yes \_\_\_\_\_ No \_\_\_\_\_

I hereby give permission for Salem UMC volunteers or staff to administer first aid treatment to my child in any situation encountered while my child is participating in a program with the church.  
Yes \_\_\_\_\_ No \_\_\_\_\_

I hereby give permission for my child to travel by church van to church-related activities with Salem UMC.  
Yes \_\_\_\_\_ No \_\_\_\_\_

Parent or guardian signature \_\_\_\_\_

Date \_\_\_\_\_

Relationship to child \_\_\_\_\_

All information will be assumed to be correct. It is the responsibility of the parent or guardian to update this information as needed!