

**2019 Spring/Summer/Fall Break Childcare Consent Form 2**

**Childcare Session (circle one): Spring 2019 Summer 2019 A B C D Fall 2019**

**Child’s Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**School Child Attends:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Camp Location: First United Methodist Church 1350 Oak Ridge Tpk., Oak Ridge TN**

***By initialing each item and signing below, I agree and give permission for my child to:***

\_\_\_\_ Use all age appropriate play equipment and participate in all activities provided

 by the program.

\_\_\_\_ Participate in announced walking field trips under staff supervision.

\_\_\_\_ Participate in announced off premises field trips in an authorized vehicle

 (FUMC bus/van, adult personal vehicle). I understand that if my child does not

 have permission to attend all the program fieldtrips, I will need to make alternate

 childcare arrangements on those days.

\_\_\_\_ Participate in FUMC cooking projects under regular staff supervision.

\_\_\_\_ Be photographed by FUMC staff for marketing purposes including social media,

 website, brochures, displays, bulletin boards, etc. I understand that no names will

 be used in photographs.

\_\_\_\_ View G and/or PG rated movies.

***In addition, I agree to the following:***

\_\_\_\_ Grant permission for the FUMC Camp Director or FUMC CFM Director to take whatever steps may be necessary to obtain emergency medical care if warranted. These steps may include, but are not limited to the following: a) attempt to contact parent, b) attempt to contact child’s physician, c) attempt to contact persons listed on the registration form, d) dial 911 for emergency help.

\_\_\_\_ Authorize FUMC staff to take whatever emergency measures (first aid, disaster evacuation or drills, 911 emergency) are deemed necessary for the care and protection of my child. If the situation warrants, I consent to have my child transported and treated by a physician/hospital at my expense. I will assume full financial responsibility for all medical services deemed necessary at that time.

\_\_\_\_ Agree to release and hold harmless FUMC, its employees and agents, from any loss or damage to toys, clothes, or other personal items or articles.

\_\_\_\_ Relieve FUMC, its employees and agents, of all responsibility for accidents and injuries, claims, damages, or other liabilities for injuries to or damage by my child both on and off the premises which are not a result of gross negligence by the program, its employees or agents.

Parent/Guardian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_