

**First Farragut United Methodist Church  
Student Participation  
Personal Information Form**

*This form is to be filled out and submitted annually.  
This form is in effect from July 2014 to July 2015.*

Date completed \_\_\_\_\_

Full Name of Student \_\_\_\_\_ Goes by/Nickname \_\_\_\_\_

Date of Birth \_\_\_\_\_ Last Grade Completed \_\_\_\_\_ School \_\_\_\_\_

Parents' or Legal Guardians' Names \_\_\_\_\_

Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Preferred Email \_\_\_\_\_

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

Work Phone (Father) \_\_\_\_\_ Cell Phone (Father) \_\_\_\_\_

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

Work Phone (Mother) \_\_\_\_\_ Cell Phone (Mother) \_\_\_\_\_

***Please provide information for a second person to contact in case of an emergency.***

Name \_\_\_\_\_ Relationship to student \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

**Medical Information**

Insurance Provider \_\_\_\_\_

Insurance Policy Number \_\_\_\_\_

Name Policy is under \_\_\_\_\_

*Continue on next page*

Allergies/Health Concerns (Provide as much detail as possible regarding allergies or signs and symptoms.)

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Does the student take any medications regularly? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes please explain.

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### **Parent/Guardian Permission**

I hereby give permission for photographs or videos taken of my child to be used for ministry publicity, either printed or electronic. I understand my child's name will not be disclosed.

Yes \_\_\_\_\_ No \_\_\_\_\_

I hereby give permission to adult personnel designated by First Farragut United Methodist Church to obtain emergency medical services including transportation to the hospital emergency room for my child if immediate care is necessary.

Yes \_\_\_\_\_ No \_\_\_\_\_

I hereby give permission for First Farragut United Methodist Church volunteers or staff to administer first aid treatment to my child in any situation encountered while my child is participating in a program with First Farragut United Methodist Church.

Yes \_\_\_\_\_ No \_\_\_\_\_

I hereby agree to not hold First Farragut United Methodist Church, staff, or leaders accountable for any injuries resulting from my child participating in any program activity.

Yes \_\_\_\_\_ No \_\_\_\_\_

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

Relationship to Student \_\_\_\_\_

*All information is assumed to be current. It is the responsibility of the parent/guardian to update as needed.*