



## SAFE SANCTUARY POLICY

Harrison United Methodist Church  
15008 Lancaster Highway  
Pineville, North Carolina 28134  
704-541-3463

**CONFIDENTIAL**

**ATTACHMENT "C"**

*The information obtained on this form is for internal use by Harrison United Methodist Church only.*

### Parent Consent Form

This Parent Consent Form gives permission for my child to participate in childcare on campus while parents are off campus and sponsored by Harrison United Methodist Church. (All portions of this form shall be completed before the child is registered for the event).

Name of **CHILD**: \_\_\_\_\_ Home Phone #: \_\_\_\_\_

Name of **PARENT**: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

Address: \_\_\_\_\_

I give permission for my child \_\_\_\_\_ to attend and participate in  
(Full name of child)  
(insert name of event) including those that require off-campus transportation.

My child has the following physical condition that may require special attention:

Diabetes       Hyperventilation       Convulsions       Seizures       Allergies

Please specify allergies: \_\_\_\_\_

Other (please specify): \_\_\_\_\_

Does your child require any special accommodations or have special accessibility needs? \_\_\_\_\_

If yes, please explain \_\_\_\_\_

(A Ministry Leader will contact you to discuss these needs.)

### Medical Treatment Release, Liability Release, and Photograph Release

I hereby authorize event staff to obtain and give consent for medical treatment for my child for such injury or illness that may occur during the event and hereby hold the event staff and their representatives harmless in the exercise of this authority.

I give permission for my child to be transported in vehicles operated by the adults in whose care the minor has been entrusted while attending and participating in this event.

It is my understanding that the above named participant will be covered by my personal medical insurance. The event provides limited/supplemental medical payment coverage for injuries arising out of the event activities which is payable **in excess** of any other collectible insurance. Payments of any medical injuries not covered by my insurance or the event limited/supplemental medical insurance will be paid by me.

I give permission for photographs of my child taken during the trip to be used at the discretion of Harrison UMC and the Children's Ministries leadership wherever deemed appropriate.

Name of parent/guardian (Please print): \_\_\_\_\_

Signature of parent/guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Medical Insurance Carrier: \_\_\_\_\_ Group #: \_\_\_\_\_

(Attach Copy of both sides of the Insurance Card)