

**First United Methodist Church (FUMC)  
Mother's Morning Out (MMO) Program  
Child Emergency Contact Form**

**PLEASE PRINT ALL DETAILS CLEARLY**

Today's Date: \_\_\_\_\_

Child's DOB: \_\_\_\_\_

\_\_\_\_\_  
Last Name

\_\_\_\_\_  
First Name

\_\_\_\_\_  
Middle Name

Parent(s): \_\_\_\_\_

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

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

(\_\_\_\_) \_\_\_\_ - \_\_\_\_  
Cell

(\_\_\_\_) \_\_\_\_ - \_\_\_\_  
Home

**IN CASE OF EMERGENCY, PLEASE INCLUDE A LOCAL CONTACT:**

(1) Name & Relationship \_\_\_\_\_

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

Best # to call: (\_\_\_\_) \_\_\_\_ - \_\_\_\_

Other # to call: (\_\_\_\_) \_\_\_\_ - \_\_\_\_

(2) Name & Relationship \_\_\_\_\_

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

Best # to call: (\_\_\_\_) \_\_\_\_ - \_\_\_\_

Other # to call: (\_\_\_\_) \_\_\_\_ - \_\_\_\_

Is child allergic to anything? \_\_\_\_ Yes \_\_\_\_ No If yes, please list all allergies & required response to allergic reaction:

Is child taking any medication(s) we should be aware of? \_\_\_\_ Yes \_\_\_\_ No If YES, list all medications we should be aware of and any side effects we should be prepared for or to report.

Does child have any Medical/Mobility Health concerns of which we should be aware? \_\_\_\_ Yes \_\_\_\_ No

If Yes, please list them: \_\_\_\_\_

The information requested on this form is confidential and for emergency use only. In the event of a medical emergency, this information will be used by authorized emergency personnel. Please be honest and thorough when completing all pertinent information.

In case of emergency, I give permission for my information to be released to emergency personnel. I also agree that any of my emergency contacts listed on this form may be notified in an emergency, as needed.

\_\_\_\_\_  
Signature and Date

\_\_\_\_\_  
Printed name

**WE REQUIRE A COPY OF YOUR INSURANCE CARD (front and back)**

## RELEASE

This is a legally-binding Liability Release, Waiver, Discharge, and Covenant Not to Sue made by me, \_\_\_\_\_ (hereinafter referred to as "Releasor") to Amite United Methodist Church d/b/a First United Methodist Church of Amite.

I fully recognize that there are dangers and risks to which my child(ren) may be exposed by participating in the Mother's Morning Out Program provided by Amite United Methodist Church d/b/a First United Methodist Church of Amite.

I understand and agree that my child(ren)'s participation in the Mother's Morning Out Program is strictly voluntary, but I want to do so, despite the possible dangers and risks and despite this Release.

I, therefore, agree to assume and take on myself all of the risks and responsibilities in any way associated with my child(ren)'s participation of the Mother's Morning Out Program provided by Amite United Methodist Church d/b/a First United Methodist Church of Amite. In consideration of my child(ren)'s participation in the Mother's Morning Out Program, I release Amite United Methodist Church d/b/a First United Methodist Church of Amite from any and all liability, claims and actions that may arise from injury or harm to

\_\_\_\_\_  
(print names of all children attending M.M.O.), or from damage to my property in connection with my child's participation in this M.M.O. Program. I understand that this Release covers liability, claims and actions caused entirely or in part by any acts or failures to act, including but not limited to negligence, mistake, or failure to supervise.

I assure Amite United Methodist Church d/b/a First United Methodist Church of Amite that there are no health-related reasons or problems which preclude or restrict my child(ren)'s participation in this Program. I further assure Amite United Methodist Church d/b/a First United Methodist Church of Amite that I have adequate health insurance necessary to provide for and pay any medical costs that may directly or indirectly result from my child(ren)'s participation in this Program, and I will indemnify and hold Amite United Methodist Church d/b/a First United Methodist Church of Amite and its agents harmless for any such medical costs.

I understand that this Release means I am giving up, among other things, rights to sue Amite United Methodist Church d/b/a First United Methodist Church of Amite, its employees, and/or agents for injuries (including death), damages, or losses I may incur or may be incurred by my child(ren).

I also understand that this Release binds my child(ren)'s heirs, executors, administrators, and assigns, as well as myself.

**I HAVE READ THIS ENTIRE RELEASE, I FULLY UNDERSTAND IT, AND I AGREE TO BE LEGALLY BOUND BY IT.**

\_\_\_\_\_  
Releasor's Signature

\_\_\_\_\_  
Date

**First United Methodist Church, Amite (FUMC)  
Mothers Morning Out (MMO)**

**Permission Slip For Photographing Your Child**

From time to time we take pictures during MMO. We would like your permission to use the pictures on our website, our newsletter, bulletin board and facebook. We will use them exclusively for FUMC MMO.

\_\_\_\_\_ Yes, I grant you permission to use these photos of my child on the FUMC Website, newsletter, bulletin board and Facebook.

\_\_\_\_\_ No, please do NOT take or use any photos of my child.

Child(ren)'s Name(s) (Please Print):

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Parent/Guardian's Name (please Print):

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Parent/Guardian's Signature:

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