



HEALTH FORM



PARTICIPANTS NAME _____

DATE OF BIRTH _____ **MALE** ___ **FEMALE** ___

PARENT / GUARDIAN _____

Home ADDRESS _____ **EMAIL** _____

CELL PHONE MOM _____ **CELL PHONE DAD** _____

NAME AND RELATIONSHIP OF ANOTHER ADULT TO CONTACT

_____ **Phone** _____

ANY ALLERGIES OR SPECIAL HEALTH CONCERNS WE NEED TO KNOW:

MEDIA RELEASE

I, _____ **GIVE GRACE UMC (KINGDOM KIDS) PERMISSION TO use my CHILD'S IMAGE ON MEDIA SUCH AS THE CHURCH WEB PAGE, SOCIAL MEDIA, AND SERVICE SLIDES AND VIDEOS.**

SIGNATURE: _____

PRINTED NAME: _____