

**St. John's United Methodist Church**

312 E. Main Street      P. O. Box 236  
Fruitland, MD 21826  
410-742-5592

**2024/2025 Sunday School Consent Form**

I give permission for my child \_\_\_\_\_ to attend Sunday School at St. John's UMC.

Address \_\_\_\_\_

Date of Birth \_\_\_\_\_ Allergies/Medical Info \_\_\_\_\_

Parent/Guardian name \_\_\_\_\_ Phone \_\_\_\_\_

Names of those who can pick up child from Sunday School:

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_
- 4. \_\_\_\_\_

Emergency Contact Name(s) and Phone Number(s): \_\_\_\_\_

\_\_\_\_\_

I give permission for my child to attend St. John's UMC Sunday School. By allowing my child to attend, I give permission for my child's information to be stored by St. John's UMC for purposes as considered necessary, and for photographs and video which may feature my child to be used by St John's UMC.

I have also reviewed the Safe Sanctuary Policy and will help the teachers uphold the policy, which includes communicating with my child to stay with both teachers until picked up by family members listed.

Should there be changes to details in this form, I understand that it is my responsibility to inform the teacher and update it.

In the unlikely event of illness or accident, I give permission for any necessary emergency first aid or medical treatment to be given to my child. In an emergency and if I am not contactable, I am willing for my child to receive hospital treatment. I understand every reasonable effort will be made to contact me as soon as possible.

Yes  No I give permission for the Pastor or other adult leader of a church-related activity that my child/youth participates in to contact my child/youth via e-mail, text, phone with information about that activity.

Parent/Guardian Name \_\_\_\_\_

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