



APPENDIX 5 — PERMISSION FORM

PERSONAL INFORMATION

Child's Name	Date of Birth	M	F
		Sex	
Parent's/Guardian's Name	Parent's/Guardian's Name		
()	()	()	()
Home Phone	Cell Phone	Home Phone	Cell Phone
Address	Address		
City, ST ZIP Code	City, ST ZIP Code		

Alternative Emergency Contact

Primary Emergency Contact	Address		
()	()	City, ST ZIP Code	
Home Phone	Cell Phone		

Medical Information

Physician's Name	() Phone Number
Dentist's Name	() Phone Number

Allergies/Special Health Considerations

In the event reasonable attempts to contact parent(s) or emergency contact person have been unsuccessful, I hereby give my consent for WCUCC representatives to authorize the administration of any treatment deemed necessary by the preferred physician or the preferred dentist. In the event the designated preferred physician or dentist is not available, I hereby consent to church representatives authorizing treatment by another licensed physician or dentist. I also consent to the transfer of the child to _____(hospital) or any hospital reasonably accessible under the circumstances.

Signature (Parent's/Guardian if youth is under age 18) _____ Date _____

Media Policy

Photographs of children during WCUCC-sponsored events will only be posted to an area of the church website that is restricted to member access and/or posted to a bulletin board within the church. As such, all new and current WCUCC members can at any time request that pictures be removed from the website and or bulletin board.

