

# Panama United Methodist Sunday School

## Information and Photo Release Form

Child's Name \_\_\_\_\_ Person registering child \_\_\_\_\_

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

### Address

\_\_\_\_\_  
(PO Box) (Street) (City) (State) (Zip)

E-mail Address \_\_\_\_\_

Phone Number to reach in case of emergency during Sunday School \_\_\_\_\_

Allergies/Health conditions or concerns \_\_\_\_\_

### EMERGENCY CONTACTS

Name \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

### DISMISSAL INFORMATION

Name(s) of person(s) (other than names above) who may pick up this child from Sunday School

Name \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

### PHOTO RELEASE

- I give permission to the Panama United Methodist Church (PUMC) of Panama, New York to use photographs and videos taken of my child participating in Sunday School activities for the promotion of Sunday School at PUMC. **Circle either YES or NO**

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

