

Active From	Until:	Grade:
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MINOR CHILD INFORMATION RECORD
Crossroads United Methodist Church

Name of Minor Child (Last, First, MI)			Address		
DOB	Home Phone	City	State	Zip	

Father / Legal Guardian			Mother / Legal Guardian		
Home Address (if different than minor)			Home Address (if different than minor)		
City	State	Zip	City	State	Zip
Email			Email		
Home Phone			Home Phone		
Cell Phone			Cell Phone		
Work Phone			Work Phone		

Name (s) of person other than parent / guardian to whom child may be released

Emergency Contact Information (If parent / guardian is unavailable)

Name	Phone
Relationship to child:	
Name	Phone
Relationship to child:	

Health Information

Name of Physician / Health Clinic	Physician / Health Clinic Phone Number
Name of Health Insurance Carrier	Health Insurance Policy Number
Hospital Preferred for Treatment	Date of Last D-Tap (Diphtheria, Tetanus, Pertussis) shot
Allergies (if no known allergies, please mark NKA)	Special Needs / Other Important Information

I give permission to Crossroads United Methodist Church , or a representative of CUMC, to secure emergency medical and/or emergency surgical treatment for the above mentioned minor while under the supervision of the above mentioned group.

Parent Signature Date

I give permission to Crossroads UMC to use photograph(s) of my child during church events to advertise and promote CUMC.

Parent Signature Date