



A United Methodist Congregation

*Kim M Joyner
Senior Pastor*

*Brian Russell
Assistant Pastor*

*Trina Bauer
Ministry Manager*

*LaTerry Butler
Director of
Music Ministries*

*Brian Erickson
Director of Student
Ministries*

*Jo Jefferson
Business Administrator*

*Valerie Colbert
Director, Saint James
Early Learning
Academy*

SAINT JAMES INFORMATION AND PERMISSION SLIP

Name of Child _____ Home Phone _____

Address _____

City, State, Zip _____

Name of Parents (or Guardians) _____

In Case of Emergency Contact _____ Relationship _____

Telephone _____ Work Phone _____

Other Contact _____ Relationship _____

Telephone _____ Work Phone _____

Family Physician _____ Telephone _____

Hospital Preference _____

Name of Insurance Co. _____

Policy # _____

Known Allergies (Medications, food, bee stings, etc.) _____

Medications Taken Regularly (and Dosage) _____

Medical Conditions _____

The above child has my permission to participate in church functions. This may also include transportation to functions. Brian Erickson (or other adult in charge) has my permission to seek medical help for this child in case of emergency.

I do ___ do not___ authorize an adult leader to dispense over the counter medicine such as:

___ Tylenol (Acetaminophen) ___ Advil (Ibuprofen) ___ Aleve (Naproxen) ___ Benadryl

___ Robatussin Cough Syrup ___ Cough drops ___ Pepto Bismol ___ Imodium Tablets

___ Other _____

to my child at the lowest recommend dose allowed as it is written on the original container.

Signature of Parent (Guardian) _____ Date _____

Sworn before me this ___ day of _____, _____ by _____

Notary

2049 North Honore Ave.
Sarasota, FL 34235
phone: (941) 377-6180
fax: (941) 378-8911
faith@saintjamesumc.org
www.saintjamesumc.org

Notary Stamp