

Springfield United Methodist Church
The R.O.C.K. Children's Ministries Guest Pass

For Friends of Springfield United Methodist Church Children

PLEASE PRINT

Name of child:	Date:
Address:	City & Zip:
Grade:	Birth Date:
Home Number:	Cell Phone Number:
Father:	Mother:
Emergency Name & Phone Number:	
<p>Medical Release:</p> <p>I (We) understand, in the event medical treatment and/or transportation is required, every effort will be made to contact me (us). However if I/we cannot be reached, I/we give permission to the staff or sponsor of Springfield United Methodist Church to secure services of a licensed physician and/or licensed paramedics to provide necessary care for my child/children's well being.</p>	
Parent Signature:	Date:
Guest of:	
Pick up Procedure:	

PLEASE USE THIS FORM WHEN YOU or YOUR CHILD WOULD LIKE TO INVITE A FRIEND TO JOIN US AT ONE OF OUR VARIOUS ACTIVITIES or EVENTS. THIS WILL SERVE AS A MEANS OF HELPING ENSURE THAT WE HAVE CONTACT and EMERGENCY INFORMATION ON EACH CHILD WHO HAS BEEN ENTRUSTED TO OUR CARE.

PLEASE FEEL FREE TO PHOTOCOPY THIS FORM