



Effective while child/youth participate in church activities. Please request to update this form should any information change.

GENERAL INFORMATION

CHILD/YOUTH		
LAST NAME	FIRST NAME	MIDDLE NAME
GENDER	DOB (mm/dd/yyyy)	CLASS OF:
PRIMARY ADDRESS		
STREET		
CITY	STATE	ZIP

PARENT/GUARDIAN #1	
FULL NAME	RELATION
HOME PHONE	CELL PHONE
EMAIL	
PARENT/GUARDIAN #2	
FULL NAME	RELATION
HOME PHONE	CELL PHONE
EMAIL	
EMERGENCY CONTACT (if different from above)	
FULL NAME	RELATION
HOME PHONE	CELL PHONE
EMAIL	

MEDICAL INFORMATION

ALLERGIES. Please list any allergies (such as foods, plants, peanuts, medications, etc.)

MEDICATION. Please list any ongoing medication and dosage your child is taking.

Should your child's activities be restricted for any reason? Please explain below.

Does your child experience any of the following? Check all that apply.

<input type="checkbox"/>	Anxiety/Depression	<input type="checkbox"/>	Asthma	<input type="checkbox"/>	Autism Spectrum	<input type="checkbox"/>	Diabetes
<input type="checkbox"/>	Frequently Upset Stomach	<input type="checkbox"/>	Heart Conditions	<input type="checkbox"/>	Learning Disabilities	<input type="checkbox"/>	Physical Disability
<input type="checkbox"/>	Seizures	<input type="checkbox"/>	OTHER				

If necessary, please attach an additional page with details about any of the above questions.

INSURANCE INFORMATION

INSURANCE COMPANY	POLICY #
PRIMARY PHYSICIAN	PHONE:
DENTIST	PHONE:

RELEASES

Activities that may include, but are not limited to: cookouts, boating, water skiing, swimming, basketball, roller skating, roller blading, games in the park, soccer, broomball, ice skating, volleyball, softball, baseball, camping, downhill skiing, snowboarding, hiking, biking, Bible studies, golfing, miniature golf, and hayrides. **NOTE: if you desire to limit your child's participation in any event, please submit your wishes in writing to the appropriate church staff person prior to that event.**

CHECK ALL THAT APPLY BELOW.

MEDICAL

This consent form gives permission to seek whatever medical attention is deemed necessary, and releases the church and its staff of any liability against personal losses of named child.

I/We the undersigned have legal custody of the child named above, a minor, and have given our consent for him/her to attend events being organized by the Church. I/We understand that there are inherent risks involved in any ministry or athletic event, and I/we hereby release the Church, its pastors, employees, agents, and volunteer workers from any and all liability for any injury, loss or damage to person or property that may occur during the course of my/our child's involvement. In the event that he/she is injured and requires the attention of a doctor, I/we consent to any reasonable medical treatment as deemed necessary by a licensed physician. In the event treatment is required from a physician and/or hospital personnel designated by the Church, I/we agree to hold such person free and harmless of any claims, demands, or suits for damages arising from the giving of such consent. I/We also acknowledge that we will be ultimately responsible for the cost of any medical care should the cost of that medical care not be reimbursed by the health insurance provider. Further, I/we affirm that the health insurance information provided above is accurate at this date and will, to the best of my/our knowledge, still be in force for the child named above. I/we also agree to bring my/our child home at my/our own expense should they become ill or if deemed necessary by the appropriate staff member.

TRANSPORTATION

I understand the transportation to and from the event will be by church van. I agree that the church will not be held responsible in case of incident or accident. In case of emergency or overflow, I understand that the transportation to and from the event will be by private car with approved adults driving. I agree that neither the Church nor the driver will be held responsible in case of incident or accident.

MEDIA

I give permission for any image, comments, performance, or video footage involving my child to be used in the following ways: photographs and/or video, church newspaper and newsletter, flyers, brochures, and other postings in the building, and social media.

GUARDIAN SIGNATURE	
PRINT FULL NAME	
SIGNATURE	DATE

FORM RENEWAL. Please sign below to confirm that the information is correct and up to date. If any information has changed, please fill out a new form and submit it to the appropriate staff member.		
PRINT NAME	SIGNATURE	DATE
PRINT NAME	SIGNATURE	DATE
PRINT NAME	SIGNATURE	DATE