

PARENTAL CONSENT AND MEDICAL RELEASE FORM

Student Ministries Activities
First Christian Church in Union

Name _____ Age _____ Birth Date _____

Address _____ Phone _____

City _____ State _____ ZIP Code _____

School _____ Grade just completed _____

Parent(s) other Phone Numbers _____

TO WHOM IT MAY CONCERN:

The undersigned does hereby give permission for our/my child, _____ to attend and participate in activities sponsored by First Christian Church.

We (I) authorize an adult, in whose care the minor has been entrusted, to consent to any x-ray examination, anesthetic, medical, surgical or dental diagnosis or treatment, and hospital care, to be rendered to the minor under the general or special supervision and on the advice of any physician or dentist licensed under the provisions of the Medical Practice Act on the medical staff of a licensed hospital, whether such diagnosis or treatment is rendered at the office of said physician or at said hospital.

The undersigned shall be liable and agree(s) to pay all costs and expenses incurred in connection with such medical and dental services rendered to the aforementioned child pursuant to this authorization.

Should it be necessary for our (my) child to return home due to medical reasons or otherwise, the undersigned shall assume all transportation costs.

The undersigned does also hereby give permission for our (my) child to ride in any vehicle designated by the adult in whose care the minor has been entrusted while attending and participating in activities sponsored by First Christian Church.

Unless I have indicated otherwise (see below), I understand that pictures, video recordings, and/or audio recordings of my child may be displayed in brochures, newsletters, video productions, and/or other electronic media designed and distributed to inform the congregation and/or public of programs and events taking place in the church. I understand that my child(ren) will not be identified by name without my express, written permission.

Does your child have allergies or special needs that we need to know about? YES NO

On the reverse side of this page, please list any allergies or special medical problems your child may have.

Hospital insurance yes no

Insurance Company _____

Policy Number _____

Emergency Numbers _____

Participant _____ Date _____

Father _____ Date _____

Mother _____ Date _____

Legal Guardian _____ Date _____

I do not want any audio or video record (picture or video) of my child displayed on the church property or in brochures, newsletters, video productions, or other electronic media designed to inform the congregation and/or general public of the programs and events taking place in the church.