

# Children's Ministry Medical Release Form



## **CHILD'S INFORMATION:**

**TODAY'S DATE** \_\_\_\_\_

Student's Name: \_\_\_\_\_

Gender: M F Age: \_\_\_\_\_ Birthday: \_\_\_\_/\_\_\_\_/\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Current grade in school \_\_\_\_\_ Name of School: \_\_\_\_\_

## **PARENT/GUARDIAN INFORMATION**

### **FATHER:**

Name: \_\_\_\_\_

Street Address (if different from student): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Cell phone: (\_\_\_\_) \_\_\_\_\_

Home phone: (\_\_\_\_) \_\_\_\_\_

Work phone: (\_\_\_\_) \_\_\_\_\_

Email: \_\_\_\_\_

### **MOTHER:**

Name: \_\_\_\_\_

Street Address (if different from student): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Cell phone: (\_\_\_\_) \_\_\_\_\_

Home phone: (\_\_\_\_) \_\_\_\_\_

Work phone: (\_\_\_\_) \_\_\_\_\_

Email: \_\_\_\_\_

**MEDICAL INFORMATION:**

Medical Insurance Carrier: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Group Number: \_\_\_\_\_

Name of the Policy Holder: \_\_\_\_\_

Date of last Tetanus shot: \_\_\_\_\_

**MEDICAL HISTORY:**

Does your child have any drug or food allergies? \_\_\_\_\_

Is your child currently taking medication? What for? \_\_\_\_\_

Are there any other medical conditions or restrictions we need to know about?

***This consent form gives permission to seek whatever medical attention is deemed necessary, and releases the church, its staff, and volunteer leaders or chaperone's of any liability against personal loss, injury or accident related either to participation in the event or transportation to or from said events of the above named child.***

***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 Children's Ministry staff members for any behavioral or disciplinary reasons. I/we agree to assume any financial responsibility for damages that may be caused by my/our child. I/we also agree to allow the church staff and volunteer leaders or chaperone's to search my/our child's personal belongings if deemed necessary.***

**Photo Release**

\_\_\_\_\_(please initial) I give my permission for my student to be photographed or video taped for the Children's Ministry website and to be used in future Children's Ministry publications such as camp brochures, calendars, fliers, or bulletin boards.

Parent / Guardian signature: \_\_\_\_\_

Date signed: \_\_\_\_\_

**NOTARY:**

State of \_\_\_\_\_ County of \_\_\_\_\_

\_\_\_\_\_  
Parent/Guardian Name appeared before me this

\_\_\_\_\_  
date day of \_\_\_\_\_, 20\_\_\_\_, and is  
month year

personally known to me or has produced a \_\_\_\_\_  
form of identification

**Notary Public:**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date