



# Child Medical Release Form

To be used for any children's ministry activities or childcare when a parent/guardian is not present

**PLEASE PRINT LEGIBLY**

## Parent/Guardian Information

Parent/Guardian Name(s): \_\_\_\_\_

Phone Numbers: (H): \_\_\_\_\_

(Cell): \_\_\_\_\_ Who should we ask to speak to? \_\_\_\_\_

(Cell): \_\_\_\_\_ Who should we ask to speak to? \_\_\_\_\_

Home Address: \_\_\_\_\_

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

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

## Emergency Information

In case I cannot be reached, either of the following is designated. In addition, I authorize Christ Church to release my child(ren) to these persons in the event I am unable to pick up my child(ren).

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

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

## Child Information

Please complete for each child.

Child's Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_

My child's physician: \_\_\_\_\_

Physician's Phone: \_\_\_\_\_ Address: \_\_\_\_\_

My insurance policy number is: \_\_\_\_\_

The phone number for the insurance company is: \_\_\_\_\_

List any medications to which child is allergic: \_\_\_\_\_

Known allergies or medical conditions of child: \_\_\_\_\_

Medications child takes: \_\_\_\_\_

Any other helpful information: \_\_\_\_\_

Child's Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_

My child's physician: \_\_\_\_\_

Physician's Phone: \_\_\_\_\_ Address: \_\_\_\_\_

My insurance policy number is: \_\_\_\_\_

The phone number for the insurance company is: \_\_\_\_\_

List any medications to which child is allergic: \_\_\_\_\_

Known allergies or medical conditions of child: \_\_\_\_\_

Medications child takes: \_\_\_\_\_

Any other helpful information: \_\_\_\_\_

Initials \_\_\_\_\_ Date \_\_\_\_\_

Child's Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_

My child's physician: \_\_\_\_\_

Physician's Phone: \_\_\_\_\_ Address: \_\_\_\_\_

My insurance policy number is: \_\_\_\_\_

The phone number for the insurance company is: \_\_\_\_\_

List any medications to which child is allergic: \_\_\_\_\_

Known allergies or medical conditions of child: \_\_\_\_\_

Medications child takes: \_\_\_\_\_

Any other helpful information: \_\_\_\_\_

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The undersigned do(es) hereby give permission for our (my) child(ren):

\_\_\_\_\_  
("Participant"), to attend and participate in **CHILDREN'S MINISTRY EVENTS** sponsored by **Christ Church**.

**LIABILITY RELEASE:** In consideration of **Christ Church** allowing the Participant to participate in children or youth ministry activities, we (I), the undersigned, do hereby release, forever discharge and agree to hold harmless **Christ Church** its directors, employees, volunteers and agents (collectively herein the "Church") from any and all liability, claims or demands for accidental personal injury, sickness or death, as well as property damage and expenses, of any nature whatsoever which may be incurred by the undersigned and the Participant while involved in the children/youth activities. We (I) the parent(s) or legal guardian(s) of this Participant hereby grant our (my) permission for the Participant to participate fully in children's ministry activities.

Furthermore, we (I) [and on behalf of our (my) minor Participant(s)] hereby assume all risk of accidental personal injury, sickness, death, damage and expense as a result of participation in recreation and work activities involved therein.

Further, authorization and permission is hereby given to said Church to furnish any necessary food and lodging for this Participant. The undersigned further hereby agree to hold harmless and indemnify said Church for any liability sustained by said Church as the result of the negligent, willful or intentional acts of said Participant, including expenses incurred attendant thereto.

**MEDICAL TREATMENT PERMISSION:** We (I) authorize an adult, in whose care the minor has been entrusted, to consent to any emergency 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 or emergency care facility. 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 or youth pursuant to this authorization.

\_\_\_\_\_  
Printed Name(s) of Parent/Legal Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature(s) of Parent/Legal Guardian

\_\_\_\_\_  
Date