

Crestwood Christian Church Emergency and Medical Release Form 2011

Name: _____ Age: _____ Birthday: _____

Address: _____

City: _____ ST: _____ Zip: _____

Home Phone Number: _____

Email Address: _____

Child's Cell Phone: _____

Parents' or Guardians' Name: _____

Address (If Different than Above): _____

City: _____ ST: _____ Zip: _____

Phone Number: Daytime: _____ Nighttime: _____

Cell Phone: _____

Email Address: _____

Second Parents' or Guardians' Name (if needed): _____

Address (If Different than Above): _____

City: _____ ST: _____ Zip: _____

Phone Number: Daytime: _____ Nighttime: _____

Cell Phone: _____

Email Address: _____

Health Insurance Information:

Carrier: _____

Policy Number: _____

Primary Cardholder: _____

Primary Cardholder's Driver's License Number: _____

(We also need a photo copy of the Insurance Card and the Primary Card Holder's Driver's License. Please bring to the office to be copied or attach copies to this sheet.)

___ I/We do NOT have Health Insurance.

Signed _____ Date _____

Health Questions:

1. Allergies: (medications, food, latex, bee stings, nuts, penicillin etc.)

2. Is your youth currently taking any medications: Yes No

Please list all _____

In order for your child/youth to take any medications while attending a child/youth function, they must be in their original container accompanied by a written note signed by a parent/guardian, which will be kept on file, along with specific instructions on how and when to administer.

3. Is your child Vegetarian? Yes or No

Any other Food Restrictions: _____

4. Name of Family Physician: _____

5. Date of Last Tetanus Shot: _____

6. Can your child/youth take Tylenol/Advil if needed?

7. Are there any health factors that would limit your child's physical activity on a trip, during children/youth group, or on any child/youth outing? Yes or No

If so, please list: _____

Any other information that needs to be known:

Participant's Covenant – Please have your youth read and sign:

I, _____, promise to act in a manner that uplifts and encourages all around me in a Christian manner. I promise to follow all posted rules and those agreed upon for all children/youth activities. I promise to leave behind all illegal substances, tobacco products, and other items that may cause me or the group harm. I remember that I am a representative of Crestwood Christian Church and will act accordingly. I will have fun. I will listen to our chaperones and other adults. I also realize that if I break a rule, which warrants me being sent home, my parents will be responsible for coming to pick me up as soon as possible.

Signed _____ Date _____

Parent's Covenant:

I/We, the parent/guardian of _____, have read and understand the above covenant. We understand that we are responsible to pick up, as soon as possible, our youth if for any reason he/she is sent home early. I/We also covenant to pray for the group whenever we meet for children/youth activities.

Signed _____ Date _____

____ The church may photograph and use my child's picture on its website, without names, for one year.

Emergency Medical Release:

I/We, the parent/guardian of _____, do hereby authorize that emergency medical and/or surgical care may be provided for my child/youth while on trips or in meetings with children/youth groups. In case, If I/We are not available to contact, please contact one of the following people (It is helpful if this is not the parent/s or guardian/s that filled this form out.):

Name: _____

Relationship to Adult: _____

Phone Number: _____

Alternative Number: _____

Name: _____

Relationship to Adult: _____

Phone Number: _____

Alternative Number: _____

Parent Permission

I, _____ (name of parent/guardian), hereby release and discharge Crestwood Christian Church, its staff, and other chaperoning adults from all claims of damage, demands, or actions whatsoever in any manner arising or growing out of my child's/youth participation in Crestwood Children/Youth activities. I understand the nature of children/youth activities and recognize the potential for injury in any environment, no matter how safe it is made. Except for those limitations named on this health/release form, I certify that my child(ren) is healthy and fit to participate in children/youth events.

Date _____ Signature of Parent/Guardian: _____

Date Turned In: _____