

# 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: \_\_\_\_\_

## 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. Are you 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: \_\_\_\_\_