



Christ Presbyterian Church (CPC)
Consent & Medical Release Form for Family Ministry (Kids & Students)
Effective Dates: September 1, 2018 – August 31, 2019

CHILD/STUDENT INFORMATION

First & Last Name _____ DOB ____ / ____ / ____

Address _____

City _____ Zip Code _____

CONSENT – Medial Liability/Release, Early Return Home Policy & Transportation permission

This Consent Form gives permission to seek whatever medical attention is deemed necessary, and releases Christ Presbyterian Church (CPC) and all of its employees, agents, representatives and volunteers from any liability for personal losses to your child. Please read the following statement and sign below.

*I / We understand that there are inherent risks involved in any kids' or students' event, and I / we hereby release CPC, and all of its employees, agents, representatives and volunteer workers, from any and all liability for any injury, loss, death, or damage to person or property that may occur during the course of my / our child's involvement with the **2018-2019 CPC Kids' Ministry Program and/or CPC Student Ministry Programs***

Should it be necessary for my child or student to return home due to medical reasons, disciplinary action or otherwise, the undersigned shall assume all transportation costs and responsibility.

*I / We, the undersigned, are the parents, the parents having legal custody, or the legal guardians of _____, a minor, and have given our consent for him/her to **attend all activities being organized by CPC Kids' Ministry and/or Student Ministry Programs**, including but not limited to weekday activities, camps and offsite events. In the event that he or she is injured while attending any event and requires the attention of a doctor, I / we consent to any reasonable medical treatment as deemed necessary by a licensed physician. In the event treatment is required which a physician and/or hospital personnel refuses to administer without my/our consent, I / we hereby authorize The Kids and/or Student Ministry Team, or another adult leader designated by them, to give consent for us, and I / we agree to hold such person free and harmless of any claims, demands, or suits for damages arising from the giving of such consent so long as the treatment is administered by or under the supervision of a licensed physician. I / We also acknowledge that we will be ultimately responsible for the costs of any medical care should the cost of that medical care not be reimbursed by the health insurance provider.*

Further, I / we affirm that the health insurance information provided below is accurate at this date and will, to the best of my knowledge, still be in force for the student named above at the time of the event(s).

Name of Parent/Guardian _____

Signature of Parent/Guardian _____ Date _____

MEDICAL INFORMATION

Insurance Provider _____ Provider Phone # _____

Policy/Group ID # _____

Policy Holder's Name _____

Primary Care Physician _____ Phone # _____

Known Allergies _____

Current Medications _____

Dietary Restrictions _____

Date of last Tetanus Shot _____

Any other medical information that would be helpful for staff to know?

PARENT/GUARDIAN INFORMATION

Print Name _____

Relationship to Student/Child _____

Email _____ Phone # _____

Print Name _____

Relationship to Student/Child _____

Email _____ Phone # _____