

Name: \_\_\_\_\_ D.O.B. \_\_\_/\_\_\_/\_\_\_ Age: \_\_\_ Gender: M / F

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

-----Emergency Contact Info-----

Emergency Contact #1 Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Emergency Contact Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Emergency Contact #2 Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Emergency Contact Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

-----Medical Info-----

Medical Insurance Provider: \_\_\_\_\_ ID / Policy # \_\_\_\_\_

Name of Primary Policy Holder: \_\_\_\_\_

Current Medications: \_\_\_\_\_

Allergies: \_\_\_\_\_

Medical Conditions: \_\_\_\_\_

Date of Last Tetanus Shot: \_\_\_\_\_

-----Medical and Participation Release-----

I understand that, in the event medical treatment is required, I give my permission to the staff or adult leaders to secure the services of a licensed physician to provide the care necessary for my well-being, including anesthesia or emergency surgery. I also understand it is my responsibility to keep the above information current and up to date regarding any changes.

I acknowledge that my child will be participating in events / activities sponsored by Versailles Christian Church during the 2020-2021 ministry year. I release the church from all actions, claims, and demands against the church or its representatives by reason of my participation in the ministry activities, including the travel to and from the activities.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

NOTE:

This medical consent form will be kept and considered valid until August 31st, 2021. This form will be copied and will accompany the adults on any off-site activities. This form does not grant individual permission for all events held this year. Many events will require a specific and brief permission form to be signed.