

Child's Name: \_\_\_\_\_ D.O.B. \_\_\_/\_\_\_/\_\_\_ Age: \_\_\_ Gender: M / F  
Last First M.I.  
School: \_\_\_\_\_ Grade: \_\_\_ Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Home Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_ Zip: \_\_\_\_\_

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

Parent / Guardian #1 Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_  
Parent / Guardian Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_ Zip: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
Parent / Guardian #2 Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_  
Parent / Guardian Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_ Zip: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

-----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 for my child, every effort will be made to contact me. However, if I cannot be reached, 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 child's 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 child's participation in the ministry activities, including the travel to and from the activities.

I agree to transport my child home from an event / activity if my child engages in the use of illegal substances; in disrespectful, disobedient, dangerous, or illegal activity; or if my child's behavior is such that the leaders judge it necessary for him/her to leave early.

I also give permission for my child to ride in any vehicle driven by the adults in whose care the minor has been entrusted while attending and participating in activities sponsored by Versailles Christian Church

Parent/guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/guardian 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 by you, the parents or guardians.