

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, 2022. 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.