



CHRIST THE KING METHODIST CHURCH, INC's Child Information & Parent/Guardian Consent Form

This form is to be kept on file for every child, and gives permission for children to participate in any activity sponsored by Christ the King Methodist Church, Inc. It is to be updated on an annual basis.

Name of CHILD _____ DOB _____ Age _____

Name of Parent/Guardian _____

Cell Phone # _____ Email _____

Address _____

Alternate/Emergency Contact Name & Phone # (other than above): _____

Medical Information

Is your child presently being treated for an injury or sickness or taking any medication?

Yes ___ No ___ *If yes, please explain:* _____

Please note: We are NOT authorized to administer medication.

Does your child have, or has your child ever had a serious medical condition or allergies (food, drug, etc.) that we should be aware of?

Yes ___ No ___ *If yes, please explain:* _____

Does your child have a physical handicap or illness that would prevent him/her from participating in normal rigorous activity?

Yes ___ No ___ *If yes, please explain:* _____

Medical Treatment Authorization

I understand the Leader(s) of Christ the King Methodist Church, Inc. will make every attempt to contact me before securing medical treatment.

In the event I cannot be reached and there is ***an emergency situation*** where there is a threat to loss of life **I hereby consent, in advance**, to the Leader(s) of Christ the King Methodist Church, Inc. and to the physicians or hospitals selected by them, to render first aid treatment or deny treatment as in their judgement is reasonably necessary, including, but not limited to, hospitalization, diagnosis, including taking specimens, and x-rays, giving blood transfusions and medications, anesthesia, and surgery for my minor _____ (child's name).

I release all Leaders, adult chaperones and staff affiliated with Christ the King Methodist Church, Inc. from any and all claims, loss, cost, damage, or expense arising out of or from any accident or other occurrences or causing injury to any person or property.

Photo Release

I give permission for photographs of my child to be taken during activities, and to be used at the discretion of **Christ the King Methodist Church, Inc.** and its Leaders, *wherever* deemed appropriate.

Initial _____

Parent/Guardian Signature

Parent/Guardian Printed Name

Date: _____