

First Christian Church

926 Madison Street, Red Bluff, Ca 96080
(530) 527-4688

CONSENT AND RELEASE FROM LIABILITY

_____ (*child*) has my permission to participate in all activities of First Christian Church and to be transported by Church van/bus or by private car when necessary. In consideration of the benefits to be derived from these activities, I hereby voluntarily release, discharge and waive any claim against First Christian Church, it's employees, volunteers, and advisors, the event sponsors, and the owner and/or driver of any vehicle furnishing transportation to, from, or in conjunction with any event. I further agree to direct _____ (*child*) to conform to the fullest with the directions and instructions of persons in charge. First Christian Church is further authorized to photograph or otherwise create a likeness of _____ (*child*) by any means, and to use that image, my name, and the child's name in connection with any authorized activity of First Christian Church.

MEDICAL CARE PERMIT

I hereby authorize emergency medical care or first-aid treatment as needed for _____ (*child*) in the event of illness or injury during any sponsored activity of First Christian Church. I agree to provide First Christian Church with information regarding the child's health insurance, and to update that information from time to time as may be required.

Health Insurance Company: _____ Subscriber's name: _____

Policy Number: _____ Insurance Company's Emergency Number: _____

EMERGENCY INFORMATION

Please Print (*Use the back of the form as needed*)

If I cannot be reached in the event of an emergency, please contact:

Name: _____ Phone: () _____ - _____ Alt. Phone: () _____ - _____

Name: _____ Phone: () _____ - _____ Alt. Phone: () _____ - _____

Name: _____ Phone: () _____ - _____ Alt. Phone: () _____ - _____

Has he/she had any surgery or serious illness within the last 3 years? ___yes ___no. If yes, explain:

Is he/she required to take any medications? ___yes ___no. If yes, for what reason and how often? (*Any prescription medication **must** be provided to an adult leader in charge of the event, along with specific instructions, unless other arrangements are made prior to an event.*)

Does he/she have any allergies or allergic reaction to any medication? ___yes ___no. If yes, explain:

Is he/she presently under a doctor's care? ___yes ___no. If yes, explain and provide the physician's name, address, and telephone.

I am the parent or legal guardian of _____ (*child*) and I am authorized to execute the "CONSENT AND RELEASE" and the "MEDICAL AUTHORIZATION" that are contained herein. All provisions of this document shall remain in full force and effect until I give First Christian Church written notice to the contrary. I have specified any additional information not otherwise requested herein on the back of this form.

Parent/Guardian Name (*Please Print*): _____

Parent/Guardian Signature: _____

Phone: () _____ - _____ Alternate Phone: () _____ - _____

Street Address: _____ City: _____ Zip Code: _____