

# FCC Children's Ministries

## *FCC Children's Ministries Medical Release Form*

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***(Child's Name)***

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***(Today's Date)***

Grade: PreK K 1 2 3 4  
***(Circle One)***

In case of an emergency, I(we) hereby give permission for my child \_\_\_\_\_ to be treated by the physician or hospital selected by any of the adult sponsors accompanying this activity.

In consideration of my child being allowed to participate in activities sponsored by First Church of Christ, I(we), do for myself(ourselves) and for an on behalf of my child-participant, do hereby release, forever discharge and agree to hold harmless First Church of Christ in Bryan, OH and its employees, officers, directors, trustees, members, agents, elders, staff, trip sponsors, vehicle owners, and vehicle drivers from any and all liability, claims or demands for personal injury, sickness or death, as well as property damage and expenses, of any nature whatsoever which may be incurred by the undersigned and the child-participant that occur while said child is participating in an activity sponsored by First Church of Christ.

I(we) understand that many of the activities will be physical in nature, will include travel and I(we) on behalf of my(our) child-participant hereby assume all risk of personal injury, sickness, death, damage and expenses as a result of participation in all activities involved therein.

I(we) further hereby agree to hold harmless and indemnify First Church of Christ, its elders, employees, officers, directors, trustees, members, staff, agents, (including trip sponsors and vehicle owners/drivers) for any liability sustained by First Church of Christ as the result of the negligent, willful, or intentional acts of said participant, including expenses incurred by attendant thereto.

I(we) am the parent(s) or legal guardian(s) of this participant, and hereby grant my(our) permission to take said participant to a doctor or hospital and hereby authorize medical treatment, including but not in limitation to emergency surgery or medical treatment, and we assume the responsibility of all medical bills if any.

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***(Father or Male Guardian)***

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***(Mother or Female Guardian)***

Authorized signature(s) of parent(s)/guardian(s)  
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Name of Child: \_\_\_\_\_

Father's Name: \_\_\_\_\_

Mother's Name: \_\_\_\_\_

Child's Birthday: \_\_\_\_\_

Primary Home Address: \_\_\_\_\_ Apt. No.: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

**Father's Address          Mother's Address          Both**

(Circle One)

***(If parents together, leave this blank)***

Secondary Home Address: \_\_\_\_\_ Apt. No.: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

**Father's Address          Mother's Address          Both**

(Circle One)

Medical Insurance Company: \_\_\_\_\_

Medical Insurance Group: \_\_\_\_\_

Medical Insurance Policy Number: \_\_\_\_\_

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

***Emergency Contact (In case you cannot be reached)***

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Relationship: \_\_\_\_\_

\*\*\*\*\***Please attach a copy of your medical insurance card**\*\*\*\*\*