



FIRST CUTLERVILLE

Christian Reformed Church

Consent Form for Minor Child – Medical, Website Valid September 2018 – August 2019

Parent/Guardian Name(s): _____

Home Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____

Cell Phone(s): _____

Church of Membership (if other than First Cutlerville): _____

Email: _____

Emergency Contact Name: _____ Phone: _____

Relationship: _____

Physician Name: _____ Phone: _____

Hospital of Choice: _____

Insurance Carrier: _____ Policy Number: _____

Child Name: _____ Age: _____ M / F Grade: _____

DOB: _____ Allergies: _____

Medication: _____

Waiver and Release of Liability:

I, being the parent or legal guardian of _____, in consideration of such minor's participation with First Cutlerville Christian Reformed Church Ministries activities, do release, discharge and hold harmless First Cutlerville Christian Reformed Church Ministries, their officers, agents, representatives and employees, from any and all claims, demands, damages, rights of action, causes of actions, or any liabilities whatsoever which may arise, or have arisen on account of or in any way related to participation in any ministry's activities.

X _____

Signature of parent or legal guardian

Date

Permission To Treat A Minor Child

I, being the parent or legal guardian of _____, have given my permission for him/her to participate in the First Cutlerville Christian Reformed Church Ministries which include but are not limited to: Sunday School, Wednesday night activities, school year events, summer events, mission trips, camps. In the event that he/she is injured and requires the care of a doctor, we consent to any reasonable medical treatment as deemed necessary by a licensed physician. In the event treatment is called for which a physician and/or hospital personnel refuse to administer without our consent, we hereby authorize First Cutlerville Christian Reformed Church Ministries adult leaders to give such consent for us if we cannot be reached by telephone at one of the numbers indicated on the reverse or because of an emergency there is not time or opportunity to make a telephone call: In the event it becomes necessary for that person to give consent for us, we agree to hold such person, and First Cutlerville Christian Reformed Church Ministries free and harmless of any claims, demands, or suits for damages arising from the giving of such consent so long as the treatment is administered by or under the supervision of a licensed physician.

X _____
Signature of parent or legal guardian Date

Permission To Publicize Pictures of A Minor Child

I understand that photographs and videos are taken regularly at ministries activities.
I, being the parent or legal guardian of _____ give permission for my student to be videotaped or photographed for use in promoting First Cutlerville Christian Reformed Church Ministries activities on the church web page and other social media outlets.

X _____
Signature of parent or legal guardian Date

List any food allergies

List people who are able to pick up my child:

Name: _____ Phone: _____
Name: _____ Phone: _____
Name: _____ Phone: _____

Any specific person who is not authorized to pick up my child: _____

*Nursery Use Form

