CC Youth

Christ Church - 13460 North Port Washington Road, Mequon

PARENTAL PERMISSION AND MEDICAL AUTHORIZATION FORM

Participant Name: _____ **Birth date:** _____

By registering my child: I hereby grant Christ Church permission to use my child's photograph(s)/video in any of its current or future publications. I will make no monetary or other claim against Christ Church for the use of the photograph(s)/video for any current or future use. I give permission for my child (named above) to attend the events, field trips, and service projects associated with the Youth Group of Christ Church, Mequon. I further give permission for my child to be transported to and from events by hired and volunteer drivers authorized by Christ Church.

Medical Release

I hereby authorize the Christ Church Youth Group leaders, volunteers, hospitals, licensed medical or dental providers, and their agents and employees to have access to the information contained in this form and to provide all medical or dental care, routine tests, treatment, and necessary transportation advisable for the health and safety of my child. This authorization includes the authority to consent to any x-ray examinations, anesthetic, medical procedure or treatment, and hospital care under the supervision, and upon the advice of or to be rendered by, a physician or surgeon licensed under the Medical Practice Act or dentist licensed under the Dental Practice Act for my child.

Custody Release

I further authorize the Youth Group leaders of Christ Church, Mequon to receive physical custody of my child upon completion of any treatment, and I specifically instruct any treating health facility to surrender physical custody of my child to said adult.

Activity Release

I further give permission for my child to participate in all activities sponsored by the Youth Group of Christ Church, except as noted:

_____ _____ _____

Signature of Parent or Legal Guardian **Printed name of Parent or Guardian** **Date**

EMERGENCY CONTACT INFORMATION

Parent(s)/Guardian(s)

Name(s)

Street Address

City State Zip

Phone Numbers	Phone Type (Home, Mobile, etc.)

Parent(s)/Guardian(s) Email address(es)

Email address(es)

Other Emergency Contact(s)

Name(s) Relationship to Participant

Health Care Information

Physician

Name

Phone

Medical Insurance Company

Policy/Group Number

Name of Policy Holder

Please list any allergies to drugs, foods, plants, insects, etc:

Date of last tetanus shot_____

Please list any non-prescription (over-the-counter) medication you do NOT want dispensed to your child:

Please list any additional information relevant to participating in Youth Group activities (dietary needs; surgeries or serious injuries; chronic or recurring illness; medical conditions such as epilepsy or diabetes; psychiatric counseling or indications, etc.):

CC Youth - Christ Church
Nathan Miske, Youth Director
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