

2011
Kid Central and Central Student Ministries
(Grades K-12)
PARENTAL CONSENT AND RELEASE FORM

STUDENT _____ PHONE # _____

ADDRESS _____ CITY/ZIP _____

BIRTHDATE _____ GRADE _____ SCHOOL _____

CHURCH OTHER THAN CCC _____ BROUGHT BY _____

I give permission for my above-named child to go on Church sponsored activities from
Jan. 1, 2011 – December 31, 2011

I hereby give permission for my child to go on activities and trips as stated above and release CENTRAL CHURCH OF CHRIST, its staff and sponsors, from responsibility and liability for any injury or illness that my child may sustain during these activities. In the event of an emergency, if I cannot be reached by phone or because of an emergency there is no time to be reached by phone, I hereby authorize an adult leader, as agent for me, to consent to any X-ray examination; medical, dental or surgical diagnosis; treatment; and hospital care advised and supervised by a physician, surgeon or dentist (as appropriate) licensed to practice under the laws of the state where the services are rendered, either at a doctor's office or in any hospital. I expect to be contacted as soon as possible.

(X) Signature of natural parent or legal guardian agreeing to above statement:

_____ Date _____

Home phone _____ Emergency Phone _____

Allergies _____

Medication to be taken _____

Doctor _____ Address _____

Physical Handicaps or limitations _____

Medical Insurance Company _____

Policy Number _____ Member's name _____

Address of medical insurance company if bill is to be sent to them

Information for medical treatment

PARENTAL AUTHORIZATION FOR CONSENT

I/We _____, hereby authorize
(Parent/Legal Guardian)

any adult leader of Central Church of Christ to consent for necessary medical/surgical treatment for

_____ during my/our absence
(Minor)

from _____ to _____
(month) (day) (year) (month) (day) (year)

The above party will/will not be able to contact me

At _____ and/or _____
(Telephone number) (Address)

Family Physician _____ or _____

Information for minor:

Allergies _____

Medications _____

Last Tetanus Shot _____

Responsibility for Bill:

Name _____ Social Security Number _____

Place of Employment _____

Insurance Company _____

Individual Number _____ Group _____

Signatures:

(Parent/Legal Guardian) (Date) (Parent/Legal Guardian) (Date)

(Witness) (Notary of Public)