

# Parent Information & Release Form



Inside Out Children's Ministry of Community Christian Church

Name of Student: \_\_\_\_\_ Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_ Gender:  M  F

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

Name of Parent/Legal Guardian: \_\_\_\_\_

Home: ( \_\_\_\_\_ ) \_\_\_\_\_ Work: ( \_\_\_\_\_ ) \_\_\_\_\_ Cell: ( \_\_\_\_\_ ) \_\_\_\_\_

If you can not be reached in case of an emergency, please provide the name and contact information for another adult who can be reached.

Name: \_\_\_\_\_ Relation to Student: \_\_\_\_\_

Home: ( \_\_\_\_\_ ) \_\_\_\_\_ Work: ( \_\_\_\_\_ ) \_\_\_\_\_ Cell: ( \_\_\_\_\_ ) \_\_\_\_\_

Any medical conditions, allergies, medications, or information:

Physical limitations/Exception of Activities: \_\_\_\_\_

Additional Information/Notes: \_\_\_\_\_

If you have any medical insurance, your carrier will be billed for medical charges in the case of illness or injury while your child is at the activity.

Do you have health insurance?  YES  NO

If yes:

Name of Insurance Company: \_\_\_\_\_ Policy Number: \_\_\_\_\_

Group Number: \_\_\_\_\_ Name of Insurance Holder: \_\_\_\_\_

As parent/legal guardian of \_\_\_\_\_, I have reviewed the information about the Children's Ministry activity/event and give my permission for the student of this release to be involved in the overall activities and in the specific activities of the \_\_\_\_\_.

This permission slip includes the release to transport the student to and from the event. I/We have reviewed the rules of the activity and agree that the student of the release will abide by them. I/We also acknowledge that if the student of the release has to return home early for discipline violations, it will be at my/our expense.

I/We consent to the use of any video images, photographs, audio recordings, or any other visual or audio reproduction that may be taken of the student of this release during the activity/event to be used, distributed or shown as the CCC Children's Ministry sees fit.

I/We understand all reasonable safety precautions will be taken at all times by CCC Children's Ministry and its agents during the events and activities. I/We understand the possibility of unforeseen hazards and know the inherent possibility of risk. I/We agree not to hold CCC Children's Ministry, its leaders, employees, agents, and volunteer staff liable for damages, losses, diseases, or injuries incurred by the student of this form incurred during this activity/event.

In the event of illness, injury, or medical emergency, I/We give Community Christian Church Children's Ministry and representatives permission to authorize release of any medical information and/or administer care if need to \_\_\_\_\_, including transporting the child if necessary.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Student Signature: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_