

Child/Teen

Medical / Permission Form

Child/Student's
Complete Name _____
Street Address _____
PO Box/Apartment Number _____
City, State, & Zip _____

Medical Information & Medical Care Release

Instead of filling out individual forms for every program, activity, or outing, I/we, the parent/guardian, acknowledge that we are filling out this form to be authoritative and in full effect for one full calendar year, good from January 1 to December 31 of the year in which I/we sign and date at the bottom of this form.

Information About Child/Teen:

Preferred Name _____
Sex () M () F Birth date _____ Age _____
Child/Teen's Cell Phone (if has one) _____
School Grade _____ School Attending _____
Home Church _____
Has your child/teen been baptized by immersion? () Yes () No

Emergency Contact Information:

Mother's Name _____ Father's Name _____
Currently lives with ___Both Parents ___Mother ___Father ___Legal Guardian ___Other_____
Home Phone Number _____ Email _____
Mother's Cell Number _____ Work _____
Father's Cell Number _____ Work _____
Name of someone not living with child/teen we could contact if necessary _____
Relationship to child/teen _____ Best number for this person _____

Medical Information:

Insurance Company _____
Member ID # _____ Policy/Group # _____
Date of Last Tetanus _____
Does your child/teen have penicillin or other drug reactions? () Yes () No
If so, to what _____
Allergies? () Yes () No
If so, to what and what happens? _____

Child/Student's Name _____

Is your child/teen to be restricted in any way from strenuous games? () Yes () No

Explain _____

Any special medication or diet which is to be continued? () Yes () No

If yes, give complete instructions: _____

Can your teen swim well? () Yes () No

Please provide any additional health/medical information you feel is pertinent to your child/teen:

Permission / Medical Care Release

(I) I/We Parent(s)/Legal Guardian of _____ do hereby give permission for my/our child to participate in First Christian Church of Malvern's activities including trips, outing, regular and special events, including such that require travel and do hereby release, indemnify and hold forever harmless First Christian Church of Malvern, Ohio, and any paid or unpaid staff and/or volunteer representative of the Church, or their assigns, against loss from any and all claim, demands, or actions in law or in equity that may hereafter be made or brought by the said minor or by anyone on behalf of said minor for the purpose of enforcing a claim for damages on account of any injury, accident, or fatality incurred in consequence of any injury, accident, or incident that may be sustained by said minor en route to, during, or en route from any church-related activity in which my/our child participates.

(II) I/We Parent(s)/Legal Guardian do hereby authorize any paid or volunteer supervisory adult of First Christian Church of Malvern, Ohio, as agents for the above minor to consent to any x-ray, examination, anesthetic, medical or surgical diagnosis or treatment and hospital/stat care which is deemed advisable by any physician or surgeon of any specific diagnosis, treatment or hospital/stat care being required, but is given to provide authority and power on the part of our aforesaid agent(s) to care which the aforementioned physician in the exercise of his/her best judgment may deem advisable. This authorization will be effective up to and including one year from the date signed below unless sooner revoked in writing to said agent(s).

Sign below to agree that you have read and understood this agreement.

Parent/Legal Guardian _____ Date _____

Parent/Legal Guardian _____ Date _____

First Christian Church of Malvern
4046 Coral Road NW
Malvern, Ohio 44644-9468
330-863-1303
fccmonline.org



First Christian Church
of Malvern