

Child/Teen

Medical / Permission Form

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 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 you sign and date at the bottom of this page.

Information About Child/Teen:

Preferred Name _____

Sex () M () F Birth date _____ Age _____

Child/Teen's Cell Phone _____

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

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 _____

Has your child/teen been exposed to any disease with the last month? () Yes () No

If yes, to what _____

Allergies? () Yes () No What? _____

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? () Yes () No

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

Permission / Medical Care Release

(I) (We) (Parents) (Legal Guardian) of _____ do hereby give permission for (my) (our) child to participate in Student Ministry activities including trips, outings, 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 and or volunteer representative of the Church, or their assigns, against loss from any and all claims, demands or actions in law ore in equity that may hereafter be made or brought by the said minor child or by anyone on behalf of said minor child 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 child en route to , during, or en route from any church-related activity which my child participates in.

(II) (I) (We) (Parents) (Legal Guardian) do hereby authorize any paid or volunteer supervisory adult member of First Christian Church, Malvern OH as agents for the above minor child to consent to any x-ray, examination, anesthetic, medical or surgical diagnosis or treatment and hospital care which is deemed advisable by any physician or surgeon licensed under the provisions of the Medical Practice Act. It is understood that this authorization is given in advance of any specific diagnosis, treatment, or hospital 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).

I have read and understood this agreement.

Parent or Legal Guardian _____ Date _____

Parent or Legal Guardian _____ Date _____

First Christian Church of Malvern

4046 Coral Road NW
Malvern OH 44644-9468
330-863-1303
www.fccmonline.org/kidz
www.fccmonline.org/students



First Christian Church
of Malvern