

# 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? \_\_\_\_\_

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**  
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fccmonline.org



**First Christian Church**  
of Malvern