

Annual Permission Slip

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 year, from January 1 through December 31, 2010.

Check the appropriate ministry for which this form is applicable; multiple choices can be made:

_____ Children's Ministry _____ Sunday School
_____ Jr. High Youth Group _____ Church Sponsored Outings
_____ Sr. High Youth Group

Information About Child/Teenager:

Name _____
Address _____
City _____ Zip Code _____
Home Phone Number _____ Email: _____
Father's Work Number _____ Cell _____
Mother's Work Number _____ Cell _____

Person to Contact in the Event of an Emergency:

Name _____ Phone _____
School Grade as of January 1, 2010 _____
Birth date _____ Age _____ Sex () M () F
Currently lives with: _____ Both Parents _____ Mother _____ Father _____ Legal Guardian
Home Church _____

Has your child been baptized by immersion? () Yes () No

Medical Information

Insurance Company _____ Policy # _____
Date of Last Tetanus _____ was it an initial or booster? _____
Does your child have penicillin or other drug reactions () Yes () No
If so to what _____
Has your child been exposed to any disease with the last month? () Yes () No
If so to what _____
Allergies? () Yes () No What? _____

Is your child 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: _____

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

Permission Slip

(I) (We) (Parents) (Legal Guardians) do hereby give permission for (my) (our) child to participate in children and/or youth 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.

I have read and understood this agreement.

Parent or Legal Guardian _____

Date _____

Parent or Legal Guardian _____

Date _____

Medical Care Release

(I) (We) (Parents) (Legal Guardian) of _____ 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 December 31, 2010, unless sooner revoked in writing to said agent (s).

Parent or Legal Guardian _____

Date _____

Parent or Legal Guardian _____

Date _____