

APPENDIX L
Homewood Church of Christ
Child Protection

Parental Consent, Certification, and Medical Authorization

PLEASE READ THIS DOCUMENT CAREFULLY

Child's Name _____	Date of Birth _____
Father's Name _____	Mother's Name _____
Home Phone _____	Home Phone _____
Work Phone _____	Work Phone _____
Cell # _____	Cell # _____
Doctor's Name _____	Chart No. _____
Telephone _____	Health Insurance Contact _____
Insurer _____	
Known Allergies _____	

List any medication or drugs taken regularly _____	

Local Relative or Friend in case Parents cannot be located:	
Name _____	Telephone _____

Permission to Participate in Homewood Church of Christ Activities

As the parent (or legal guardian), I the undersigned, certify that my child, named above, has my express permission to participate in all activities, of any nature, sponsored by Homewood Church of Christ for the calendar year.

Assumption of Risk

I acknowledge that there are certain risks associated with participation in any activity or program, including transportation accidents, injuries, loss of personal items, criminal actions beyond the control of Homewood Church of Christ, or other harm that may occur to my child. I assume the risk associated with such activities and release Homewood Church of Christ of any liability for such.

