

Kids in Christ Child Safety Form

Child's Full Name _____

2018-2019 Grade Level: _____ DOB _____ Sex: _____ M _____ F

Print Parent/Guardian's Name _____

Print Parent/Guardian's Street Address _____

Print Parent/Guardian's Email Address _____

Contact Numbers: Cell _____ Home _____

Additional Emergency Contact: _____ phone _____ relation to child _____

Medical Insurance: ___Yes ___No Insurance Company _____ Policy No. _____

Physician Name _____ Physician Number _____

List any allergies, daily medicines, or medical conditions that may be relevant to child's participation in activities OR to a physician in the event of a medical emergency: _____

Yes No I understand in the event of an emergency medical situation, every attempt will be made to contact me. If I cannot be reached, I hereby give my permission for the adult in charge to secure medical treatment and/or transportation if needed.

Yes No I understand my insurance will be used as primary coverage in the event medical treatment is needed.

Yes No I understand all reasonable safety precautions will be taken by Garber United Methodist Church and its agents during all events/activities. I understand the possibility of unforeseen hazards and know the inherent possibility of risk. I agree to *not* hold Garber UMC, its employees, leaders, and/or volunteers liable for damages, losses, diseases, or injuries incurred by my child.

Yes No I consent to the use of any video images, photographs, audio recordings, or any other visual or audio reproduction that may be taken of my child during church events to be used, distributed, or shown as Garber United Methodist Church sees fit.

Yes No I hereby give permission for my child to ride in any vehicle designated by the adult in whose care my child has been entrusted while attending and participating in events and/or activities sponsored by Garber United Methodist Church.

Do not write in box below unless you are in the presence of a Notary Public.

For notary use only.

I testify that I have truthfully stated the above requested information.

I have read and understand the above and agree to all terms and conditions as designated.

Parent/Guardian Signature _____ **Date** _____

Sworn to and subscribed before me this the _____ day of _____, 20____.

Notary Public My Commission Expires: (_____ SEAL)