

# College Park Christian Church

116 N. Cottage Ave. - Normal, IL 61761  
309.452.1598

# Parental Consent & Medical Release

Sept 1, 2018- August 31, 2019

Child's Name: First _____ Last _____	
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Birth Date: ___/___/___      Current Grade in school: _____

Parent/Legal Guardian: _____ Cell: _____ Work: _____ Email: _____	Parent/Legal Guardian: _____ Cell: _____ Work: _____ Email: _____
Child lives with: <input type="checkbox"/> Both Parents <input type="checkbox"/> Mom <input type="checkbox"/> Dad <input type="checkbox"/> Joint Custody <input type="checkbox"/> Other _____	
Home Phone: _____ Special Instructions: _____	
Child's Main Address: _____	
City: _____	State: _____ Zip: _____
Emergency Contact: _____	Relationship to Child: _____
Home Phone: _____	Cell: _____ Work: _____

Does this child have any allergies or medication needs? Are there any other conditions and/or concerns? If yes, please indicate:
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Insurance Company: _____
Address: _____
Phone: _____ Policy No.: _____
Subscriber: _____ Group: _____

<p>The undersigned hereby authorizes the holder of this Medical Release to obtain emergency care for the child named above, if the Parent/Legal Guardian cannot be reached after a reasonable amount of time, including the following, but not limited to x-ray examinations, laboratory procedures, anesthesia, medial or surgical treatment, or other hospital services ordered by the attending physician or dentist, and his/her assistants or designees. I also authorize the release of all information necessary to settle any insurance claims. I also understand that I am responsible for charges not covered by insurance. A copy of this authorization can be used as the original.</p> <p>The undersigned does also hereby give permission for their child to ride in any vehicle designated by the adult in whose care the minor has been entrusted while attending and participating in activities sponsored by College Park Christian Church.</p> <p>Parent/Legal Guardian: _____</p> <p style="text-align: center;">Signature <span style="float: right;">Date</span></p> <p>Please check the following boxes if you give permission for College Park Christian Church to use any photographic or video likeness of your child for church ministry related promotions and/or productions. Check all that apply:</p> <p><input type="checkbox"/> Print media      <input type="checkbox"/> Church Website/Facebook Page      <input type="checkbox"/> None</p>
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