



Permission and Medical Consent Form
2016-2017
Chain of Lakes Community Bible Church

Family Name

Child's Full Name _____

_____ Last _____ First _____ Middle _____

Sex **M** **F** Birthday _____ Age _____ Grade _____

Parent or Guardian Name _____

Home Address _____

Home Phone _____ Cell Phone _____ E-Mail _____

If not available in an emergency, notify:

Name _____ Phone _____

Street Address _____ City _____

State _____ Zip _____

Health History:

Allergies: Insect Stings Medications Other Allergies

Other Conditions: Heart Condition Hay Fever Physical Handicap
 Stomach Problems Diabetes Epilepsy Chronic Asthma

If there is any other medical problems or physical restrictions that are not listed above that can prevent the child from participating in an activity, please list:

Do you have medical/health insurance? Yes No

Name of Insurance Company: _____ Policy and/or Group #: _____

Address of Insurance Company: _____

Parents, please notify the ministry leader, in writing, about any medical history or insurance changes.

Name and Phone # of Doctor: _____

Name and Phone # or Dentist/Orthodontist: _____

Indicate the date of this child's last tetanus shot: _____

Is this child on any medications? Yes No If yes, please state the medication/s:

If so, will this child be bringing to the Activity the medications that he/she should be taking? Yes No

Describe any dietary restrictions that this child is required to observe: _____

Other comments or suggestions from the parent or guardian concerning this child: _____

I, the undersigned, certify that I am the parent or legal guardian of _____
(hereafter the "minor child").

Occasionally, CLCBC uses photos/videos of ministry participants in promotional materials, advertisements, online and on the church websites. Check here _____ if you DO NOT give consent for photos of your child to be used for ministry purposes.

I hereby give my consent to have my minor child participate in activities at or sponsored by Chain of Lakes Community Bible Church.

I recognize that there are risks involved in participation in these activities and hereby assume all risk of injury, harm, damage, or death to my minor child in connection with his/her participation.

To the fullest extent permitted by law, I release Chain of Lakes Community Bible Church, its trustees, officers, directors, employees, agents and representations from any injury, harm, damage or death which may occur to my minor child while participating in the activity and agree to save and hold harmless Chain of Lakes Community Bible Church, its trustees, officers, directors, employees, agents and representatives from any claims arising out of my minor child's participation in the activities.

Further, being the parent of legal guardian of the minor child, I do consent to any medical, surgical, x-ray, anesthetic, or dental treatment that may be deemed necessary for my minor child. I understand that every effort will be made to contact me prior to treatment but, in the event I cannot be reached in an emergency. I give permission to the activity leader to make the decisions necessary for treatment. Should there be no activity leader available, I give permission to the attending physician to treat my minor child. As parent of legal guardian, I understand that I am responsible for the health care decisions of my minor child and agree that my insurance plan is the primary plan to pay the medical, dental, or hospital care of treatment that is given to my minor child. Any insurance policy of the church or organization sponsoring this event will be used as the secondary coverage.

Signature _____ **Date** ____/____/_____
(Parent or Guardian)



Yearly Information Verified
Signature _____ **Date** ____/____/_____
(Parent or Guardian)

Yearly Information Verified
Signature _____ **Date** ____/____/_____
(Parent or Guardian)