KINGWOOD CHURCH OF CHRIST

Children's/Youth Ministry

Medical and Liability Release January through December 20____

CONTACT INFORMATION			
STUDENT'S FULL NAME	BIRTHDATE	AGE	GENDER
ADDRESS	CITY		ZIP
STUDENT'S E-MAIL	STUDENT'S CELL		GRADE IN JANUARY 20
MOTHER/GUARDIAN'S NAME			
ADDRESS (if different from above)			
E-MAIL	CELL PHONE	HOME PHONE	WORK PHONE
FATHER/GUARDIAN'S NAME			
ADDRESS (if different from above)		······································	
E-MAIL	CELL PHONE	HOME PHONE	WORK PHONE
LOCAL EMERGENCY CONTACT (if parents are out of town)		PHONE	
STUDENT'S MEDICAL HISTORY Medical Conditions or Allergies or Physical Swimming, running, etc. — attach a separate and the separate states of the separate state		diabetes, etc. or foods	s, medications, insects, etc. or no
Medications Taken Regularly (include dos	ses/frequencies)		
Last Tetanus Shot:/	· · · · · · · · · · · · · · · · · · ·		
PHYSICIAN'S NAME		PHONE	
ADDRESS	CITY		ZIP
INSURANCE COMPANY (please attach a copy or photo of your insurance card)		POLICY OR G	 GROUP #

Children's/Youth Ministry Medical and Liability Release January through December 20_____

MEDICAL RELEASE:	
I give permission for my child,	nt o ency life life to the nate with
LIABILITY RELEASE:	
Every activity sponsored by the Kingwood Church of Christ Children's/Youth Ministry is carefully planned and adequately supervised by mark adults. However, even with the best of planning and precaution, I understand that unforeseen events can occur. By signing this form, I age to assume and accept all risks and hazards inherent in church-related social, sport, or spiritual activities including transportation to/f activities for my child. I also agree that I will not hold Kingwood Church of Christ, its employee or volunteer assistants liable for dama losses or injuries to my child. It is understood that my child will obey all regulations and follow instructions of the leaders, including wearing of seatbelts in any personal, rental, or church vehicle equipped with seatbelts during the activity. If he/she does not adhere to rules or instructions and is sent home, I understand that I am responsible for discipline related expenses.	gree from ages the
PHOTOGRAPH RELEASE:	
Regarding photographs taken at Kingwood Church of Christ Children's/Youth Ministry activities, I give Kingwood Church of Christ and to representatives or partner organizations permission to do the following for non-profit use and without charge: photographs of the national minor may be displayed at a service or event, used in presentations, reprinted and distributed for any publication, or displayed on website social media accounts.	med
Yes or No:	
I understand that this Medical and Liability Release covers any and all activities sponsored by or associated with the Kingwood Church of Cl during the calendar year of 20 and that my signature acknowledges my agreement to the medical and liability releases as stated above well as to my written response for the photograph release.	
Parent/Guardian Signature	
Print Name Date:	