

Bellevue Christian Reformed Church

Minor Medical Information, Consent and Release from Liability

Please fill out one form for **EACH** child 18 years and younger. This form is good for all Children and Youth Ministries throughout the year. If there are any changes, such as address change or change of doctors during the year, please inform your ministry leader or Hannah Keen to update your information. This form will be given to the Ministry Leader and will be kept confidential.

Please return completed forms to your children's ministry leaders or into the main office for the Children's Ministries box. Thank you!

Child's Name _____		
Date of Birth: ____/____/____	Grade: _____	Gender M / F _____
Father's Name: _____	Mother's Name: _____	
Child's Complete Mailing Address: _____		
_____ Street	_____ City/State	_____ Zip
Important Phone Numbers - Please circle related information.		
Primary Phone Number: _____	Mother's/Father's/Other _____	Home/Work/Cell _____
Secondary Phone Number : _____	Mother's/Father's/Other _____	Home/Work/Cell _____
Other important Phone Numbers: _____		
Email address: _____		
Does your child have any allergies or medical needs? _____		
Are there any other conditions and/or concerns? _____		

Emergency Contact:		
Name _____	Relationship to child _____	
Phone Number: _____		

<u>Medical References</u>
Family Physician: _____
Phone: _____

<u>Insurance</u>
Carrier: _____
Policy #: _____

Initial The undersigned hereby authorizes the holder of this Medical Release to obtain emergency care for the child named above as ordered by the attending physician. I also authorize the release of all Insurance information to the emergency care physicians and understand that I am responsible for any charges that are not covered by insurance. A copy of this form can be used as the original.

Initial The undersigned gives 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 Bellevue Christian Reformed Church.

The undersigned gives permission for Bellevue Christian Reformed Church to use any photographic/video likeness of their child for ministry related productions.

Initial If any of the above information changes, I will submit a new form.

Parent/Guardian Signature: _____ Date: _____