

Medical Information & Permission Form (for children newborn through Grade 6)

Effective September 1, 2011 through December 31, 2012

THE FRONT & BACK OF THIS FORM MUST BE COMPLETED BY A PARENT OR GUARDIAN
(PLEASE PRINT CLEARLY)

Child's Name: _____ Date of Birth: ____/____/____
Street Address: _____ City: _____ State: ____ Zip: _____
Phone: (____) _____ Child's Cell: (____) _____ Child's Email: _____
(if applicable) (if applicable)
Check one: Male Female School District you live in: _____ Grade: ____ (fall of 2011)
Check one: Public School Home School Private School (School: _____)

If your child is involved in this church's AWANA program, please indicate which club: Puggles Cubbies Sparks T&T
Does your child attend Sunday School at Calvary Monument Bible Church? Yes No
If your child attends Nursery or Preschool at Calvary Monument Bible Church, please indicate which class: Nursery Preschool
Parent(s)/Guardian(s) Name(s): _____

Street Address: _____ City: _____ State: ____ Zip: _____
Home Phone: (____) _____ Family Email: _____
Cell #1: (____) _____ belongs to: _____ Cell #2: (____) _____ belongs to: _____

If parent/guardian not available in an emergency, please notify the following person:

Name: _____ Home Phone: (____) _____ Cell Phone: (____) _____
Relationship to Child: _____
Street Address: _____ City: _____ State: ____ Zip: _____

Does this child have any medical/health problems or any chronic/recurring illness or illnesses, which would have an effect on the child's participation in activities sponsored by this church? No Yes If yes, please describe: _____

Is this child required to observe any dietary restrictions? No Yes If yes, please describe: _____

Does this child have any of the following allergies:

Penicillin No Yes Insect Stings No Yes Ivy Poisoning No Yes Hay Fever No Yes
Food Allergies No Yes-If yes, please list: _____
Other Allergies No Yes-If yes, please list: _____

Is this child on any medications? No Yes-If yes, please state the medications: _____

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

Family Physician: _____
Name City/State Phone (including area code)

Is there medical or hospitalization insurance which provides benefits for this child? No Yes If yes, please indicate:

Name of Insurance Company: _____ Phone: (____) _____
Name of Policy Holder (usually employer except for private policies): _____
Name of Insured: _____ Policy Number: _____

PLEASE ALSO READ AND COMPLETE THE REVERSE SIDE OF THIS FORM.

PLEASE READ ALL THREE SECTIONS BELOW AND INITIAL, SIGN & DATE EACH SECTION WHERE INDICATED:

➔ **MEDICAL/INSURANCE AUTHORIZATION:**

I understand that this Medical Information & Permission Form is effective from the date of September 1, 2011 through the date of December 31, 2012, and that it is my personal responsibility to report any changes in the information I have provided directly to the church office at 717-442-8161.

I further understand that, in the event my child requires medical or dental treatment while engaged in church activities, reasonable efforts will be made to contact me; however, if I cannot be reached, I hereby consent and give permission to this church's children workers or any adult counselor acting on behalf of this church, as an agent for me, to consent to emergency medical treatment advised and supervised by a physician, surgeon, EMT, or dentist (as appropriate) licensed to practice under laws of the state where the services are rendered, either as an outpatient or in any hospital.

To the best of my knowledge, I have listed above all of my child's medical allergies, medications being taken, medical problems and other pertinent information.

I further understand that this church carries medical and hospitalization insurance coverage which, consistent with the exclusions, limitations and terms thereof, may provide benefits over and above any personal medical and hospitalization coverages available to my family. I understand that any personal medical and hospitalization insurance available to my family will provide primary coverage and this church's medical and hospitalization coverage (subject to the exclusions, limitations and provisions in the ministry's policy) may provide secondary or excess coverage. I agree to apply first for benefits from the personal hospitalization and medical coverages available to my family, if any, before applying for benefits that may be available from this church's medical and hospitalization coverage.

Printed Name of Parent/Legal Guardian: _____

Signature of Parent/Legal Guardian: _____ **Date:** _____

➔ **EVENT PARTICIPATION AUTHORIZATION:**

I am the parent or legal guardian of _____ and I am informed of the activities offered by Calvary Monument Bible Church (hereinafter "church") located in the town of Paradise, county of Lancaster, and state of Pennsylvania, beginning on the date of September 1, 2011, and ending on the date of December 31, 2012.

Please initial one of the two statements below:

_____ **As the parent or legal guardian, I consent for this child to attend and participate in all activities provided by this church.**

_____ **As the parent or legal guardian, I hereby consent for this child to attend and participate in all activities provided by this church with the exception of the following activities:** _____

Printed Name of Parent/Legal Guardian: _____

Signature of Parent/Legal Guardian: _____ **Date:** _____

➔ **PHOTO AND VIDEO AUTHORIZATION:**

Calvary Monument Bible Church maintains both a church web site and a children's web site and we may post pictures and/or videos of church activities. Pictures and/or videos may also be displayed on church bulletin boards, PowerPoint presentations, in church flyers/brochures/directories, and in outside publications such as local newspapers. Because your child's image may be included in these pictures and/or videos, we must obtain your permission to post these pictures and/or videos. Although children's names may be used in publications, no other personal information will be posted.

Please initial one of the two statements below:

_____ **YES, I give my permission for my child's image to be included in photos and/or videos as outlined above.**

_____ **NO, I do not give permission for my child's image to be included in photos and/or videos as outlined above.**

Printed Name of Parent/Legal Guardian: _____

Signature of Parent/Legal Guardian: _____ **Date:** _____

If you have any questions regarding this form, please call Calvary Monument Bible Church at 717-442-8161.