

# CHILD MEDICAL CONSENT AND PERMISSION FORM

August 1, 2018 – July 31, 2019



Christ the Savior Lutheran Church  
noahsark@christthesavior.org

Today's date \_\_\_\_\_

Child's Name: \_\_\_\_\_ Birth Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Sex: M or F  
Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Family email: \_\_\_\_\_  
Father's Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Mother's Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Emergency Contact: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_ Phone: \_\_\_\_\_  
Insurance Company: \_\_\_\_\_ Policy/Group #: \_\_\_\_\_  
Name of Insured: \_\_\_\_\_ Relationship to child: \_\_\_\_\_  
Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_ Hospital Preference: \_\_\_\_\_  
Dentist: \_\_\_\_\_ Phone: \_\_\_\_\_

## Special Health Information:

If necessary, describe in detail the nature and severity of any physical and/or psychological ailment, illness, propensity, weakness, limitation, handicap, disability, or condition to which your child is subject and of which the staff should be aware, and what, if any action of protection is required on account thereof.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Should this child's activities be restricted for any reason?  
\_\_\_\_\_

Allergies to:  Pollens  Medications  Food  Insect Bites

If checked, please list specific allergies:  
\_\_\_\_\_

Regular Medications:  
\_\_\_\_\_

Dietary Restrictions:  
\_\_\_\_\_

Does your child wear:  Glasses

**Please turn over and sign for consent**

**CHILD MEDICAL RELEASE AGREEMENT:**

This consent form gives permission to seek whatever medical attention is deemed necessary, and releases Christ the Savior Lutheran Church (hereinafter the "Church") and its staff of any liability against personal losses of named child. I/We the undersigned have legal custody of the student named above, a minor, and have given our consent for him/her to attend events being organized by the Church. I/We understand that there are inherent risks involved in any ministry or athletic event, and I/we hereby release the Church, its ministers, employees, agents, and volunteer workers from any and all loss, or damage to person or property that may occur during the course of my/our child's involvement or during travel to/from the event. In the event that he/she is injured and requires the attention of a doctor, I/we consent to any reasonable medical treatment as deemed necessary by a licensed physician. In the event treatment is required from a physician and /or hospital personnel designated by the Church, I/we agree to hold such person free and harmless of any claims, demands, or suites for damages arising from the giving of such consent. I/We also acknowledge that we will be ultimately responsible for the cost of any medical care should the cost of that medical care not be reimbursed by the health insurance provider. Further, I/we affirm that the health insurance information provided on this form is accurate at this date and will, to the best of my/our knowledge, still be in force for the student named above. I/we also agree to bring my/our child home at my/our own expense should they become ill or if deemed necessary by a staff member.

**MEDIA RELEASE AGREEMENT:**

I hereby grant Christ the Savior Lutheran Church/Noah's Ark Preschool to right to film, photograph, quote my minor child for non-profit purposes, including, but not limited to: Noah's Ark/CTS Church Website, on my child's private classroom website (ie, Shutterfly or Facebook), in class photos, school displays, in the Noah's Ark Brochure, and on the Noah's Ark private Facebook page. I also hereby release Christ the Savior Lutheran Church and Noah's Ark Preschool and its representatives from all claims, demands, and liabilities whatsoever in connection with the above. *Please note: your child's name will not be included with your child's picture unless prior authorization is given.*

**By signing this document, I agree to the Child Medical Release Agreement and Media Release Agreement as stated above.**

Parent/Legal Guardian: (Print) \_\_\_\_\_

(Signature) \_\_\_\_\_ Date: \_\_\_\_\_