

2010 Parental Consent & Emergency Medical Information

Child's Full Legal Name (Last, First, MI)	Date of Birth (MM/DD/YYYY)
Parent/Guardian Information:	
Parent or Guardian's Name(s)	Phone: Home Cell
	Phone: Home Cell
Emergency Contact Name:	Phone: Home Cell
Medical Information:	
List any medications currently taking:	Any known food, environmental or medical allergies?
Any other medical problems or conditions:	
Insurance Information:	
Insured's Name:	ID Number:
Company Name:	Group:

I hereby give my child permission to participate in the activities of Highland Heights Church of Christ. As parent or guardian of the above-named child, I hereby give my approval and consent to this application and therefore relieve any sponsoring congregation, youth minister or event staff member from any and all liability for sickness, accidents, or injuries of any nature or cause whatsoever, while attending, traveling to or from any event. I further give authorization for the youth minister or any chaperone or other approved personnel to administer such acts of first aid as they deem necessary. Authorization is also given for approved staff members to transport my child to a doctor or emergency room of a hospital to secure the services of a licensed physician. I also hereby expressly consent that my child may receive emergency medical treatment from any physician, hospital or other medical center without the necessity of them first notifying me, and do further agree to hold harmless any chaperone or minister of the Highland Heights Church of Christ, physician, hospital or other medical center for rendering of such services. I hereby authorize Matt Wilber, or, if he is unavailable, his representative, to act for me according to his/her best judgment in any emergency that requires medical attention. I further promise to utilize family insurance for any major medical care requiring hospitalization.

I consent to the use of any videotape, photographs, slides, audiotapes, or any other visual or audio reproduction in which my above named child may appear for promotion of any event or activity of the Highland Heights Youth Ministry.

I understand that if any of the information on this form changes during the year, it is my responsibility to report those changes to the youth minister by filling out and signing a new form.

Signature of Parent/Guardian

Date