

# Clairemont Covenant Church Children's Ministry Health & Release Form

This Clairemont Covenant Church Health and Release Form must be completed and signed, with no additions, deletions or changes, by a legal guardian and returned for the participant to take part in activities with Clairemont Covenant Church. Thank you.

## General Information (Please Print All Information)

Today's Date: \_\_\_\_\_

Student's Name: \_\_\_\_\_

School: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_ Gender: Male / Female

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Parent/Guardian(s) Name: \_\_\_\_\_

Best Phone #: ( \_\_\_\_\_ ) \_\_\_\_\_

Email address: \_\_\_\_\_

Emergency Contact Name (**other than parent/guardian**):

\_\_\_\_\_ Phone ( \_\_\_\_\_ ) \_\_\_\_\_

Others who are authorized to pick up child: \_\_\_\_\_

## Health Information

Health Problems/Conditions/Activity Restrictions:

\_\_\_\_\_

Allergic Reactions/Drug Allergies: \_\_\_\_\_

Health/Medical Insurance Carrier: \_\_\_\_\_

Policy #: \_\_\_\_\_

**\*\*\*\*\*PLEASE READ AND SIGN THE BACK OF THIS FORM\*\*\*\*\***

**Release of Liability Declaration (Guardian & Participant please read, sign & date the following):**

1. I, the undersigned, hereby give permission for the above named child to attend sponsored programs by Clairemont Covenant Church. I agree to release and hold harmless Clairemont Covenant Church or its agents for any and all claims for injuries, causes of action, the rendering of emergency care, or liability related to use or participation in all activities. I also give permission for participation in any off-site activities and/or to be transported to and from any off-site activities, or emergency locations, if any, by authorized vehicles.
2. I hereby give my permission for non-prescription medication and first aid treatment to be given to the child if deemed advisable by the Children Ministry Staff of Clairemont Covenant Church.
3. In the event that I cannot be reached in an emergency and my child requires treatment, I hereby give permission to the physician selected by the church to hospitalize, secure proper treatment for, and to order injection, anesthesia or surgery for the above named child.
4. I give permission to Clairemont Covenant Church to photograph and video tape the child for the use in any future promotional materials, including the church and children's ministry website postings, without expectation of compensation.

I have read and understand this Release of Liability Declaration, and voluntarily sign it.

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**Guardian Signature & Date**