

Ridgefield-Crystal Lake Presbyterian Church

Children/Youth Ministries

## Information Form for Pre-K – 5th Grade

Student Name:		Age:	Birthday (mo/day/yr):
Address:		City and Zip:	
School:			Grade:
Parent / Guardian Name:	Cell Phone Number (Area Code)	Email Address:	
Parent / Guardian Name:	Cell Phone Number (Area Code)	Email Address:	

### Medical History and Publicity Release Form

I understand that in the event medical intervention is needed, every attempt will be made to contact immediately the persons listed on this form. In the event I cannot be reached in an emergency, I hereby give my permission to the qualified and licensed physician or dentist selected by the activity leader to hospitalize, to secure medical treatment and/or to order an injection, anesthesia, or surgery for my child as deemed necessary.

I understand that my insurance coverage for my child will be used as primary coverage in the event medical intervention is needed. Coverage by Ridgefield Crystal Lake Presbyterian Church (RCLPC) through its accident policy will be used as a backup for what my family's insurance does not cover. Limited coverage of excess medical expense is available to the maximum allowed per the church's insurance policy.

I understand all reasonable safety precautions will be taken at all times by RCLPC and its agents during the events and activities. I understand the possibility of unforeseen hazards and know the inherent possibility of risk. I agree not to hold RCLPC, its leaders, employees, and volunteer staff liable for damages, losses, diseases, or injuries incurred by my child.

Does your child have allergies to medications?  No

Yes (please list) \_\_\_\_\_

Does your child have allergies to:  pollens  insect bites  food (list) \_\_\_\_\_

Other (please list) \_\_\_\_\_

Does your child have any medical issue we should be aware of? \_\_\_\_\_

I recognize that the church uses photographs and video images of events in our publicity materials such as the church website, newspapers, newsletters, and social media and I hereby grant permission for photo/video images of my child to be taken and used for such purposes. Personal information such as names, addresses, phone numbers, etc. will NOT be used.

Yes, I give my permission to use my child's photo/video images in RCLPC's publicity materials

No, I do not give permission to use my child's photo/video images

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_