

# Creekside Evangelical Free Church

## Children's Ministry Permission and Medical Treatment Release

### Participant Information

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age \_\_\_\_\_  
Street Address: \_\_\_\_\_ Circle One: M F  
City: \_\_\_\_\_ Zip Code: \_\_\_\_\_ E-Mail: \_\_\_\_\_  
Parent(s)/Guardian(s): \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_ Home Phone: (\_\_\_\_) \_\_\_\_\_

If the Parent(s)/Guardian(s) are not available, please call this person:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Names of Siblings: \_\_\_\_\_

Allergies (food, plants, insects, medications, other): \_\_\_\_\_

Health Information (recent illnesses, current medication, medical problems, dietary or activity restrictions):  
\_\_\_\_\_

Name of Doctor: \_\_\_\_\_ Phone Number: (\_\_\_\_) \_\_\_\_\_

Insurance Company: \_\_\_\_\_ Policy Number: \_\_\_\_\_

Preferred Hospital: \_\_\_\_\_

In the event of an emergency affecting the health or welfare of the above named participant during and in transportation to and from a ministry event of the Creekside Evangelical Free Church of Merced, the sponsor(s), leader(s), or adult chaperone(s) designated by Creekside Evangelical Free Church of Merced has my permission to administer first aid and/or transport the participant to the doctor, hospital, or other medical emergency facility for further medical attention as deemed necessary. The individual acting in response to the emergency and Creekside Evangelical Free Church of Merced will be held blameless. This release is also intended to include all claims of my family, estate, heirs, personal representatives, or assigns. In the event medical expenses are incurred, they will be borne by the parent(s)/guardian(s) of the participant.

By signing below, I and my parent(s) or guardian(s) also understand that in the event of my behavior creating any situation which, in the sole estimation of the designated adult leadership of any ministry event of the Creekside Evangelical Free Church of Merced, the safety of myself or any other, or the goals or purposes of said event as determined by the event leaders, may be jeopardized or in any way compromised, my participation in said event may be ended immediately, and I may be sent home as quickly as possible, and that I or my parent(s) or guardian(s) will be responsible for the cost of transportation incurred in sending me home.

In the event of an emergency or behavioral situation requiring dismissal every reasonable effort will be made by the designated adult leadership of Creekside Evangelical Free Church of Merced to contact the participant's parent(s) or guardian(s). This authorization will be in effect until it is revoked, in writing.

Permission to photograph your child for on-site display only (NOT to be posted on the internet): Initial: \_\_\_\_\_

Signature of Parent(s) or Guardian(s): \_\_\_\_\_ Date: \_\_\_\_\_

# Creekside Evangelical Free Church

## Student Ministry Permission and Medical Treatment Release

### Participant Information

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age \_\_\_\_\_  
Street Address: \_\_\_\_\_ Circle One: M F  
City: \_\_\_\_\_ Zip Code: \_\_\_\_\_ E-Mail: \_\_\_\_\_  
Parent(s)/Guardian(s): \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_ Home Phone: (\_\_\_\_) \_\_\_\_\_

If the Parent(s)/Guardian(s) are not available, please call this person:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Names of Siblings: \_\_\_\_\_

Allergies (food, plants, insects, medications, other): \_\_\_\_\_

Health Information (recent illnesses, current medication, medical problems, dietary or activity restrictions):  
\_\_\_\_\_

Name of Doctor: \_\_\_\_\_ Phone Number: (\_\_\_\_) \_\_\_\_\_

Insurance Company: \_\_\_\_\_ Policy Number: \_\_\_\_\_

Preferred Hospital: \_\_\_\_\_

In the event of an emergency affecting the health or welfare of the above named participant during and in transportation to and from a ministry event of the Creekside Evangelical Free Church of Merced, the sponsor(s), leader(s), or adult chaperone(s) designated by Creekside Evangelical Free Church of Merced has my permission to administer first aid and/or transport the participant to the doctor, hospital, or other medical emergency facility for further medical attention as deemed necessary. The individual acting in response to the emergency and Creekside Evangelical Free Church of Merced will be held blameless. This release is also intended to include all claims of my family, estate, heirs, personal representatives, or assigns. In the event medical expenses are incurred, they will be borne by the parent(s)/guardian(s) of the participant.

By signing below, I and my parent(s) or guardian(s) also understand that in the event of my behavior creating any situation which, in the sole estimation of the designated adult leadership of any ministry event of the Creekside Evangelical Free Church of Merced, the safety of myself or any other, or the goals or purposes of said event as determined by the event leaders, may be jeopardized or in any way compromised, my participation in said event may be ended immediately, and I may be sent home as quickly as possible, and that I or my parent(s) or guardian(s) will be responsible for the cost of transportation incurred in sending me home.

In the event of an emergency or behavioral situation requiring dismissal every reasonable effort will be made by the designated adult leadership of Creekside Evangelical Free Church of Merced to contact the participant's parent(s) or guardian(s). This authorization will be in effect until it is revoked, in writing.

Permission to photograph your child for on-site display/viewing only : Parent Initial: \_\_\_\_\_

Permission for on-site use of photography as well as postings on Facebook, Instagram & Church Website: Parent Initial: \_\_\_\_\_

Signature of Student \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Parent(s) or Guardian(s): \_\_\_\_\_ Date: \_\_\_\_\_