

Name: _____ Gender: ___M___F
Age: _____ Date of birth: _____ School Grade(entering in fall): _____
Food allergies/medical conditions: _____
Mother: _____ Cell phone: _____
Father: _____ Cell phone: _____
Address: _____ City/Zip: _____
Home phone: _____ Home e-mail address: _____
Home church: _____
May we post your child's photo on our website (unnamed group)? ___Yes___No
Emergency Contact (if other than parent):
Name/Phone: _____
Brought or Picked up by (if other than parent):
Name/Phone: _____

Medical Release Form

I, _____ (Parent/Guardian's Name) hereby give permission for any and all medical attention to be administered to my child _____ (Child's name) in the event of accident, injury, sickness, etc. during a Findlay Evangelical Free Church activity, until such time as I can be contacted. This release is effective from July 2009 until July 2010. I further release from any liability Findlay Evangelical Free Church, any of its ministries, leaders, or agents in the event of an accident during this event.

Do you have health insurance coverage for your child? _____yes _____no

If yes, health insurance company: _____

Policy # _____

Doctor: _____ Phone: _____

Dentist: _____ Phone: _____

Parent/Legal Guardian

Date