

# K-5th DISCIPLINE, LIABILITY, AND MEDICAL RELEASE FORM

## Capital City Christian Church

This form needs to be filled out ONLY ONCE per school year. If information changes, please notify the church office.  
For the period June 2014 through May 2015

(Please Print Clearly)

Child  Sponsor

Name \_\_\_\_\_  Male  Female School Grade \_\_\_\_\_

Name of Parents/Legal Guardians (where you reside) \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_ Child's Birthday \_\_\_\_\_

Parent Phone \_\_\_\_\_  I would like to receive text updates  
about children's activities.

Parent Cell Phone \_\_\_\_\_

Parent E-mail \_\_\_\_\_

Does your child require a booster car seat?  Yes  No. If yes, you would be required to provide one for any field trips.

Health Insurance Company \_\_\_\_\_ Policy # \_\_\_\_\_

List of known allergies \_\_\_\_\_

List of medications currently taken \_\_\_\_\_  
(All medications, prescriptions, and over-the-counter drugs must be brought in the original bottle to the lead sponsor.)

I, the parent or legal guardian of the student listed on this form, certify that he/she has my full approval to participate in this Christian Youth Program. The child identified on this form understands that all students are expected to abide by the program rules and be directly responsible to the Children's Minister. The Youth Minister assumes responsibility for discipline at the program and, if necessary, may, because of misconduct or disobedience, require a student to leave. In such instance, I will assume full responsibility for returning the student home.

Further, I do release and hereby agree to hold blameless Capital City Christian Church and its agents from any and every claim arising, or which may be asserted by me or by any member of my family by reason of participating in any activities associated with youth programs.

Further, I do authorize the minister or sponsor of this activity, in the event I cannot be reached by phone, to give consent to a physician and/or hospital for emergency medical or surgical treatment while on this trip. It is understood that I will assume any financial responsibility for any expense that may be incurred for said emergency treatment.

Further, I give Capital City Christian Church permission to use photos and video taken at youth events in promotional materials.

Further, I do certify that said child is covered by adequate accident insurance.

My consent and signature is given below. I have read and agree to the information given in this entire form.

Signature of Parent or Legal Guardian \_\_\_\_\_ Date \_\_\_\_\_

Person to notify in event parent or legal guardian cannot be reached \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_