



Parental Consent Form

- I authorize Faith Church to take my child/children on Children's Ministry sponsored events. **I understand it is my responsibility to inform Faith Church of any change in my son or daughter's health or medications. If my insurance provider changes, I will let Faith Church know immediately.**
Please contact the church office for new forms.
- I hereby release Faith Church, its agents, employees, and volunteer assistants from any liability whatsoever arising out of injury, damage, or loss, which may be sustained by my child/children and myself during the course of involvement with Faith Church.
- I hereby agree to the performance of such treatment, anesthetics and operation as in the opinion of the attending physician is deemed necessary for my child/children.
- I have filled out an insurance information form for use by Faith Church and **I accept responsibility for updating this form as the information on it changes**, expires, or becomes in any other way invalid or incorrect.
- I understand that by signing my name and my child's/children's name on this form, I have read and affirm all statements as written without changes preceding and including this statement.

Undersigned _____ Date _____

Child's/Children's Name(s) _____





Medical Release Form

Name of child/children: _____

Please list any known allergies to foods, animals, medication, etc. (please be specific):

Please list any medical condition(s) that the child has had in the past or presently has:

INSURANCE INFORMATION:

Insurance Provider: _____ (*insurance company's name*)

Insurance Provider's phone number: (____) ____ - ____ - _____

Type of Insurance: _____ (usually group health or medical)

Insurance ID Number: _____ Group Number: _____

Insured's Name: _____ (parent that holds the insurance)

Policy is held under: _____ (employer that you hold your insurance with)

EMERGENCY CONTACT INFORMATION:

Notify: _____

Phone Number: (____) ____ - ____ Cell phone: (____) ____ - _____

Notify: _____

Phone Number: (____) ____ - ____ Cell phone: (____) ____ - _____

