

Center Pointe Christian Church Children's Ministry Medical/Liability Release Form

Minor's Personal Information

Name: _____ Home Phone: () _____

Address: _____

City: _____ State: _____ Zip: _____

As the parent/legal guardian of the above named minor, I give my permission for him/her to participate in any and all activities, events, and programs of the children's ministry group of Center Pointe Christian Church. I understand the inherent risks that are involved in these activities and hereby release CPCC, its staff, employees, and volunteers from responsibility and liability for any injury or illness sustained during these activities, events, and/or programs.

Parent/Guardian Signature: _____ Date: _____

In Case of an Emergency, I hereby authorize the adult leader of the activity, event, and/or program, as an agent for me, to consent to any X-Ray examination; medical, dental, or surgical diagnosis or treatment; and/or hospital care, which is advised and supervised by a physician, surgeon, or dentist (as appropriate) licensed to practice under the laws of the state where the services are rendered, either at a doctor's office or a hospital. I expect to be contacted as soon as possible and before hospitalization or surgery is administered (unless the injury/illness is life-threatening).

Minor's Medical Information

Medical Insurance Company: _____

Policy Number: _____ Group Number: _____

Primary Named Insured On Policy: _____

Physician of Minor: _____ Phone: _____

Emergency Numbers: _____ Cell: _____

Emergency Contact Person(s): _____

Parent/Guardian Consent

Signature of parent/guardian: _____ Date: _____

