



Christ Church Children

4383 Old Harrodsburg Road, Suite 130 - Lexington, KY 40513

2019/20 Information and Release Form

Child's Information

Name _____
Last name First name MI

Address: _____
Street Address City State Zip Code

Birth Date ____/____/____ Age: ____ Baptized: Yes ____ No ____ (Year Baptized ____) Year Started K: ____
Month Day Year

Name of Parent/Guardian _____ Home Phone (____) _____

Work Phone Number(s) (Mom) (____) (Dad) (____)

Cell Phone Number(s) (Mom) (____) (Dad) (____)

Email (Mom/Guardian) _____ Email (Dad/Guardian) _____

Contact person if Parent or Guardian cannot be reached _____

Contact person's phone number(s) (____) Relationship of Contact _____

Current Medical Information

Name of Doctor _____ Doctor's Phone (____) _____

Medical Insurance Co. _____ Policy No. _____

Name of Card Holder _____ Insurance Phone (____) _____

Give a description of any current conditions requiring medication, treatment, or special restrictions or considerations while participating in children's events.

Does your child have any behavioral concerns that we should know about?

Is your child up-to-date on immunizations? Yes ____ No ____ Use the space below if needed:

Please circle allergies your child has. None Bee Sting Penicillin Sulfa Drug Other - (Please list)

Provide a record of any dietary restrictions/allergies or needs your child may possess.

} Epi Pen Required for allergic reactions? ____

Are there any activities that your child should not participate in due to physical or psychological (fears) reasons?

DO NOT release my child to the following person(s)- _____

Permissions for 2019/20

Initial I give permission and consent for my child to participate in any and all Christ Church Children & Family activities at the church.

Initial I give permission and consent for my child to use transportation approved by Christ Church for my child to participate in any and all off-site activities in Lexington (including but not limited to Parents Night Out, outings to restaurants, Pine Meadows Nursing Home trips in Lexington, etc.)

Initial I certify that my child is in good physical condition for all children's activities (except for any listed above).

Initial In case of emergency, I hereby give permission to the physician, nurse, hospital, etc. selected by Christ Church Children & Family leaders to hospitalize, secure proper treatment for, and to order injection, anesthesia, or surgery for my child, as named above. In case of illness or accident, I give permission for the release of medical records for medical and insurance purposes. I hereby release Christ Church from responsibility for the injury of my child. I agree to submit my insurance claims to my insurance carrier first.

Initial I give permission for Christ Church to use pictures of my child on: in-house promotions Yes__ No__ on website/social media: Yes__ No__

Parent/Guardian's signature _____ Date _____