



# Christ Church Children

3801 Harrodsburg Road - Lexington, KY 40513

## 2022/23 Information and Release Form

### Child's Information

Name \_\_\_\_\_  
Last name First name MI

Address: \_\_\_\_\_  
Street Address City State Zip Code

Birth Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Baptized: Yes \_\_\_\_ No \_\_\_\_ (Year Baptized \_\_\_\_ ) Year Started K: \_\_\_\_  
Month Day Year

Name of Parent/Guardian \_\_\_\_\_ Home Phone (\_\_\_\_) \_\_\_\_\_

Work Phone Number(s) (Mom/Guardian) (\_\_\_\_) (Dad/Guardian) (\_\_\_\_)

Cell Phone Number(s) (Mom/Guardian) (\_\_\_\_) (Dad/Guardian) (\_\_\_\_)

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 for 2022/23

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 2022/2023

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

\_\_\_\_\_  
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 Fabtastic Friday trips, outings to restaurants on Harrodsburg Rd., Pine Meadows Nursing Home Mission 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: Yes\_\_ No\_\_

Parent/Guardian's signature \_\_\_\_\_ Date \_\_\_\_\_