

Weavers/Mt. Clinton Mennonite Churches *Children*
Permission-Release and Consent Form (Good for 1 year)

Participant's Information

Today's Date: _____

Child's full Name: _____

Date of Birth: _____ Age: _____ Grade level presently/completed: _____

Parent/Guardian Names: _____

Home Address: _____

Phone Number: _____ Email address: _____

Another Emergency contact: person's name /relationship/phone:

Medical Information

Allergies/medical conditions: _____

Any special dietary needs? _____

Family Doctor _____ Phone # _____

Health Insurance Information

Child is covered by medical insurance: ___ Yes ___ No If yes, please list below:

Health Insurance Company: Name _____ Policy # _____

Photo Release: I give permission for my child to be photographed for purposes of church power point, bulletin board displays or church website. **Signature:** _____

Consent for Emergency Care

I give permission to my above-named child to participate in the Weavers Mennonite Church children's events and activities (This includes any activities as listed: Kids Club, Sunday school, VBS, Fall Party, Summer Outing Events, etc.). This form will be kept on file for 1 year.

I hereby release Weavers Mennonite Church, its staff and volunteers from responsibility and liability for any injury or illness that my child may sustain during any activity. In the event of an emergency, I hereby authorize an adult leader of the activity, as agent for me, to consent to any X-ray examination; medical, dental or surgical diagnosis; treatment; and hospital care 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 the doctor's office or in any hospital. I expect to be contacted as soon as possible in the event this situation would arise.

Signature of Parent/Guardian _____ **Date:** _____