

Christ the King Lutheran Church Children's Activity Consent Form

Child's Name: _____ Birthdate: _____ Age: _____ Grade: _____

Address: _____

City: _____ State: _____ Zip: _____

Name of parent(s) or guardian(s): _____

Home phone: _____ Cell Phone: _____ email: _____

Other person to call in case of emergency: _____ Phone: _____

Does your child have any dietary requirements or allergies: yes _____ No _____

Please explain: _____

Is your child presently being treated for an injury or sickness or taking any medications that we should know about?

Yes _____ No _____ If yes, please explain

I, the undersigned, being the parent or legal guardian of the child named above, do hereby consent to the participation of my child in the following activity sponsored by Christ the King Lutheran Church:

Kids in Christ's Kitchen (KICK).

I understand that I will be notified in the case of a medical emergency. However, in the event that I cannot be reached, I authorize the providing of necessary medical services in the event that my child is injured or becomes ill. We (I) authorize an adult, in whose care the minor has been entrusted, to consent to any X-ray examination, anesthetic, medical, surgical or dental diagnosis or treatment, and hospital care, to be rendered to the minor under the general or special supervision and on the advice of any licensed physician or dentist, whether such diagnosis or treatment is rendered at the office of said physician or at a licensed hospital.

The undersigned shall be liable and agree(s) to pay all costs and expenses incurred in connection with such medical and dental services rendered to the aforementioned child pursuant to this authorization.

Should it be necessary for our (my) child to return home due to medical reasons, behavioral issues, or otherwise, the undersigned shall assume all transportation costs.

The undersigned does also hereby give permission for our (my) child to ride in any vehicle designated by the adult in whose care the minor has been entrusted while attending and participating in CTK-sponsored activities.

Home Phone: _____ Work Phone: _____

Cell Phone: _____

Secondary Emergency Contact: _____ Phone: _____

Family Doctor: _____ Phone: _____

Insurance Company: _____ Policy or Group #: _____

I agree to photographs and short videos of this activity including my child to be taken for use within the church community for possible publication in church newsletter or on website.

Parent or guardian Signature: _____ Date: _____

Printed Name: _____