



# 2009 FCC Christian Education Participant Registration/Medical Form



**\*\* Please Print\*\***

(Please Circle One Group)

Children's Ministry (PK-3rd) or JYF (4th-5th) or Chi-Rho (6th-8th) or CYF (9th-12th) or Volunteer

Name \_\_\_\_\_ Gender **M** **F** Date of Birth \_\_\_\_\_ Grade \_\_\_\_\_

Parent/Guardian/Spouses Name \_\_\_\_\_

Parent Phone Numbers: home \_\_\_\_\_ work \_\_\_\_\_ cell \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email: \_\_\_\_\_

**Please fill insurance section out completely**

Insurance Company \_\_\_\_\_ Group # \_\_\_\_\_

Claim Address \_\_\_\_\_ Phone # \_\_\_\_\_

Policy # \_\_\_\_\_ Relationship to Policy \_\_\_\_\_

Other Insurance Information \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Relation: \_\_\_\_\_

Emergency Contact Phone: home \_\_\_\_\_ work \_\_\_\_\_ cell \_\_\_\_\_

Give Date & Type of operations/accidents within the last two years: \_\_\_\_\_

\_\_\_\_\_

**Circle all that apply (please note treatments below and feel free to make comments)**

Allergies    Asthma    Clotting    Disorders    Convulsions    Diabetes    Fainting Freq.

Ear Infections    High Blood Pressure    Hypertension    Headaches (frequent)    Incontinence

Insect Sting/Bite Reactions    Joint Problems    Upset Stomach

Other: \_\_\_\_\_

List all **food allergies** or **restrictions**: \_\_\_\_\_

List and describe all known **allergic reactions**: \_\_\_\_\_

**Please comment on an additional paper in detail if participant has had any physical, mental, behavioral, or emotional limitations or been required psychiatric counseling (including depression), hospitalization or medication.**

**Is Participant taking any form of medication?**                      Yes    No

List Drugs and Dosages:

\_\_\_\_\_

\_\_\_\_\_



# 2009 FCC Christian Education Participant Registration/Medical Form CONT.



## AUTHORIZATION OF MINOR MEDICAL CARE - First Christian Church of Great Bend

May First Christian Church Staff or Volunteers give your child Tylenol, Benadryl, First Aid and/ or topical solutions to treat them for minor aches, pains and ailments as they should become evident. All medications will be administered in accordance with manufacturer's directions and/ or with the physician on call.

YES

NO

Signature (Parent's if under 18) \_\_\_\_\_

## AUTHORIZATION OF MEDICAL CARE - First Christian Church of Great Bend

In the event of accident or illness, of \_\_\_\_\_, I, the parent or guardian of this person, agree **NOT** to hold the event director, the staff, sponsoring congregation, or First Christian Church of Great Bend or responsible for any accident or illness that might occur to my son or daughter while attending or participating in youth events. *I hereby grant permission for proper treatment by a licensed physician or hospital, including injection, anesthesia and surgery.*

This form does not need a notary, but you must have a witness other than a family member.

SIGNATURE (Parent's if under 18) \_\_\_\_\_ Date: \_\_\_\_\_

WITNESS: \_\_\_\_\_ Date: \_\_\_\_\_

Form Content taken from the Trinity Brazos Area of the Christian Church in the South West

Dear Parent/Guardian,

On occasion First Christian Church wishes to photograph, videotape, and/or interview children and youth that are involved in events here at the church. In order to release photos, videos, and comments of your children on our church website we must have written permission. To give your consent, please complete the section below.

I, \_\_\_\_\_, parent/guardian of \_\_\_\_\_, give permission for my child to be photographed, videotaped, and/or interviewed by members and/or staff of First Christian Church for the purpose of publicizing church programs and events. I authorize the use and reproduction by the First Christian Church or anyone authorized by First Christian Church of any and all photographs and/or videos taken of my child, without compensation to me/my child. All these photographs/video recordings shall be the property, solely and completely, of the First Christian Church. I waive any right to inspect or approve the finished photographs/videos, and the sound track, script or printed matter that may be used in conjunction with them.

Signature of Parent/Guardian \_\_\_\_\_ Date: \_\_\_\_\_

Please check box if you wish for your child's photographs to not be used publicly (Please leave signature space empty)