

**Christ Community Church
Summer Camp 2017 Medical Release
Form**

Student Information

Student's Name: _____ Date of Birth: _____ Age: _____
Grade: _____ Gender: _____

Parent's Information

Name: _____
Address: _____ City: _____ Zip: _____
Phone: _____

In Case of Emergency, please call:

Name: _____
Phone: _____

Medical Information

List any FOOD ALLERGIES: _____

Medical Alerts, Other Non-Food Allergies: _____

Activity Restrictions: _____

In case of emergency, I understand that every effort will be made to contact me. If I cannot be reached, I hereby give the representatives of Christ Community Church the permission to act in my behalf in seeking emergency treatment for my child in the event of an emergency. I give permission to those administering emergency treatment to do so, using those measures deemed necessary and do further agree to hold blameless any physician, hospital, or other medical center for rendering such service. I agree that I am fully responsible to pay all charges and expenses relating to such care, transportation and treatment and I hereby fully release Christ Community Church from any claims, including claims for medical charges, prescription costs and other expense, I might have as a result of such care, transportation and treatment.

I hereby give permission to Christ Community Church to transport my child to all activities and locations involved in the supervised church activities, and release the transporter of all liability. I agree to transport my child home in a timely manner upon being contacted as a result of disciplinary action by the director and pastor(s) of this camp. Furthermore, by registering my child, I consent to the use of any visual media my child appears in for informational and promotional purposes and distribution to camp and church staff and participants and their families. I hereby give permission for my child to attend and participate in the camp.

Parent / Legal Guardian Signature

Date