



## Child Information/Medical Consent Form

**Child #1** First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Current Grade \_\_\_\_\_ Age \_\_\_\_\_ School \_\_\_\_\_ Birth Date \_\_\_\_\_

Allergies/Medications \_\_\_\_\_ Child's Email (if applicable) \_\_\_\_\_

**Child #2** First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Current Grade \_\_\_\_\_ Age \_\_\_\_\_ School \_\_\_\_\_ Birth Date \_\_\_\_\_

Allergies/Medications \_\_\_\_\_ Child's Email (if applicable) \_\_\_\_\_

**Child #3** First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Current Grade \_\_\_\_\_ Age \_\_\_\_\_ School \_\_\_\_\_ Birth Date \_\_\_\_\_

Allergies/Medications \_\_\_\_\_ Child's Email (if applicable) \_\_\_\_\_

\*\*Additional children can be listed on back of page

Parent/Guardian Name(s) \_\_\_\_\_

Home Address \_\_\_\_\_

Home Phone Number \_\_\_\_\_ Father's Cell # \_\_\_\_\_ Mother's Cell # \_\_\_\_\_

Parent's Email Address \_\_\_\_\_

If pictures of your children are taken during ministry activities, may those pictures (with first names only) be used on the Haven website, communication documents or on Facebook? (circle one) Yes No

To whom it may concern:

The undersigned does hereby give permission for the listed children above to attend and participate in activities sponsored by Haven CRC September 1, 2014 through August 31, 2015.

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 physician or dentist licenses under the provisions of the Medical Practice Act on the medical staff of a licensed hospital, whether such diagnosis or treatment is rendered at the office of said physician or at said 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.

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 activities sponsored by Haven CRC.

Medical Insurance (circle one): Yes No Insurance company \_\_\_\_\_

Policy Holder's Name \_\_\_\_\_ Policy Number \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

**Child #4** First Name \_\_\_\_\_ Last Name \_\_\_\_\_  
Current Grade \_\_\_\_\_ Age \_\_\_\_\_ School \_\_\_\_\_ Birth Date \_\_\_\_\_  
Allergies/Medications \_\_\_\_\_ Child's Email (if applicable) \_\_\_\_\_

**Child #5** First Name \_\_\_\_\_ Last Name \_\_\_\_\_  
Current Grade \_\_\_\_\_ Age \_\_\_\_\_ School \_\_\_\_\_ Birth Date \_\_\_\_\_  
Allergies/Medications \_\_\_\_\_ Child's Email (if applicable) \_\_\_\_\_

**Child #6** First Name \_\_\_\_\_ Last Name \_\_\_\_\_  
Current Grade \_\_\_\_\_ Age \_\_\_\_\_ School \_\_\_\_\_ Birth Date \_\_\_\_\_  
Allergies/Medications \_\_\_\_\_ Child's Email (if applicable) \_\_\_\_\_

**Child #7** First Name \_\_\_\_\_ Last Name \_\_\_\_\_  
Current Grade \_\_\_\_\_ Age \_\_\_\_\_ School \_\_\_\_\_ Birth Date \_\_\_\_\_  
Allergies/Medications \_\_\_\_\_ Child's Email (if applicable) \_\_\_\_\_