

# Family Ministry Form 2020-2021

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

## Child Information

First Name: _____	Last Name: _____	Nickname: _____
Birthdate: ___/___/___	Age: _____	Grade: _____ School: _____
Street: _____	Apt #: _____	City: _____ State/Zip: _____

## Adult Information

Guardian 1: _____	Relationship: _____	Phone: _____
E-mail: _____	Occupation: _____	
Street: _____	Apt #: _____	City: _____ State/Zip: _____

Guardian 2: _____	Relationship: _____	Phone: _____
E-mail: _____	Occupation: _____	
Street: _____	Apt #: _____	City: _____ State/Zip: _____

## Medical Information:

Emergency Contact: _____	Relationship: _____	Phone: _____
Emergency Contact: _____	Relationship: _____	Phone: _____
Allergies: _____		
What would you like us to know about your child?		
Who has permission to pick up your child?		

Turn over for permissions & signature →

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## Photo Permission

Do you give [ Church Name ] in [ City, State ], permission to take and use videos, pictures and testimonies of your child on our website, blog, newsletters, e-mails or other church publications?

\_\_\_\_\_ Yes                      \_\_\_\_\_ No

## Medical Treatment Consent

We, the undersigned, are the parents, the parents having legal custody, or the legal guardians of

\_\_\_\_\_

a minor, and have given our consent for him or her to attend ministry activities implemented by the staff and volunteers of [ Church Name ] in [ City, State ], from [ Date, Year ] to [ Date, Year ]. Authorization and permission are given to said church to furnish any necessary transportation (church van, bus or private cars), food, and lodging for our child-participant.

In the event that he or she is injured while attending such an activity and requires the attention of a doctor, we consent to any reasonable medical treatment as deemed necessary by a licensed physician. In the event that treatment is called for which a physician and/or hospital personnel refuse to administer without our consent, we authorize the staff of [ Church Name ] to give such consent for us if we cannot be reached by telephone at one of the numbers indicated above. In the event that it becomes necessary for that person to give consent for us, we agree to hold such person free and harmless of any claims, demands, or suits from damages arising from the giving of such consent so long as the treatment is administered by or under the supervision of a licensed medical provider. We will assume the responsibility of all medical bills and authorize transfer of my child's health record to the physician responsible for treatment.

Signature: \_\_\_\_\_ Relationship: \_\_\_\_\_

Signature: \_\_\_\_\_ Relationship: \_\_\_\_\_