



2018-2019 Insurance & Waiver Form

Name of Child: _____ Age: _____ Grade: _____
Address: _____ DOB: _____ T-shirt size: _____
School: _____
Parent #: _____ Teen #: _____
Emergency #: _____ Relationship to Child: _____
Insurance Company: _____ Policy #: _____
Name of Parent/Guardian: _____
Siblings: _____

I, _____, give my child, _____, permission to
(parent/guardian - print) (print)
participate in all activities sponsored by the youth ministry at Fall Creek Christian Church. I realize all
precautions are being made by the church and her youth workers to keep my child safe. I agree not to hold
Fall Creek Christian Church, her staff or volunteers, responsible for any accidents/injuries that might occur.

Please initial if you agree to the following:

- I will allow my child to be treated with over the counter medications for minor illnesses such as
headache, diarrhea, etc. (i.e., Tylenol, Pepto-Bismol, Aloe Vera, etc.)
My child has permission to self-medicate according to prescription guidelines for any
prescriptions he/she may be taking.
I give my permission for videos or photos containing images of my child to be used for in-house
promotional purposes, including social media. I understand that all precautions will be taken to
ensure the safety of my child; including keeping my child's personal information (name and
age) from appearing with the image. I acknowledge that fees will not be paid for such use.

Known allergies, illnesses, health concerns, or prescription medications your child has or uses.

Today's Date: _____ Parent/Guardian's Signature: _____

(This form is valid until 9/1/2019. Please notify church office with any changes during that time.)