



9/1/17 - 9/1/19 Insurance & Waiver Form

Name of Child: \_\_\_\_\_

Address: \_\_\_\_\_

DOB: \_\_\_\_\_

Parent/  
Guardian #: \_\_\_\_\_

School: \_\_\_\_\_

Emergency #: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

Insurance Company: \_\_\_\_\_

Policy #: \_\_\_\_\_

Physician's Name & Phone: \_\_\_\_\_

Name of Parent/Guardian: \_\_\_\_\_

Siblings: \_\_\_\_\_  
\_\_\_\_\_

I, \_\_\_\_\_, give my child, \_\_\_\_\_, permission to  
*(parent/guardian - print)* *(print)*

participate in all activities sponsored by the children's ministry at Fall Creek Christian Church. I realize all precautions are being made by the church and its children's ministry volunteers 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.)*