



CONSENT/RELEASE/SPECIAL MEDICAL CARE

1. Fill out this form on your PC
2. Save the completed form on your desktop
3. Attach the saved pdf in an email to Dee Dee ddbigham@ccctucson.org for specific event.
4. Keep the saved pdf form on your desktop so you can use it for all future events.

I, _____, the parent/legal guardian of _____, give my consent for my child to attend the _____ on _____

(Activity Name)

(Date of Activity)

sponsored by Christ Community Church. My child may be transported in a vehicle driven by an adult representative of Christ Community Church, or by one hired by the church to transport my child. I authorize a staff member or adult representative of Christ Community Church to obtain for my child, all medical care necessary for my child's health and welfare, to include emergency treatment. Christ Community Church will make every reasonable effort to reach me first, prior to any medical care being given to my child. I hereby agree to hold harmless and release from liability, in suit for damages, Christ Community Church and any of its agents or employees, for any injuries to my child arising out of medical care needed or received by my child with this consent. I also authorize, in advance, my child to receive Tylenol or similar medication if, in the opinion of the adult leaders of the activity, my child is in need of such over-the-counter medication. (Strike out this paragraph and initial if not so authorized).

Name of Parent or Guardian: _____ Date: _____

Phone #s where parent/guardian can be reached during events:		Person to contact in the event we are unable to reach you:	
Home: (____) _____ Work: (____) _____		Name: _____	
Other: (____) _____		Relationship: _____ Phone: (____) _____	
GENERAL MEDICAL/DENTAL INFORMATION			
Primary Care Physician:			
Physician: _____ Phone: (____) _____		Group # _____ Policy # _____	
Medical Insurance Co: _____		Name of Policy Holder: _____	
Dentist:			
Dentist: _____ Phone: (____) _____		Group # _____ Policy # _____	
Dental Insurance Co: _____		Name of Policy Holder: _____	

Drug or other allergies: _____

Permission to Use Photograph/Video

I understand that the photographs and/or video images may be used in print and/or electronic formats, including but not limited to, websites, social media, and promotional materials. I give consent to release images of myself, or my child(ren) as stated above.

Yes

No

Please check one:

I am the parent or legal guardian of the below named youth. I have read this release before signing below, and I fully understand the contents meaning and impact of this release.

I am 18 years of age or older and I am competent to contract in my own name. I have read this release before signing below, and I fully understand the contents, meaning, and impact of this release.

Name: _____ Date: _____