

# Christ Church

## Information and Consent Form

Name: \_\_\_\_\_ Sex: M F (circle one)  
School: \_\_\_\_\_ Grade in School: \_\_\_\_  
Birthdate: \_\_\_\_\_ Telephone: (    )    -  
Address: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_  
E-Mail Address: \_\_\_\_\_

Parents Names: \_\_\_\_\_  
Contact Number: \_\_\_\_\_

Medical Insurance Co. \_\_\_\_\_ Policy No: \_\_\_\_\_  
Family Physician: \_\_\_\_\_ Phone: (    )    -  
Special Medical or Dietary Needs: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

As parent (or guardian) of the above named child, I attest that he/she is in good health and has no physical, mental, or emotional reason that would prohibit him/her from participating in the Christ Church EYC or any of it's activities. I understand that every precaution has been taken to assure the good health and safety of each participant. Therefore, I waive any liability of Christ Church Macon or staff representing it for personal injury or death while attending events. I give my permission to have my child medically treated by a licensed physician, nurse, or hospital staff during events. I also understand that Christ Church Macon does not provide medical insurance for expenses of these treatments. Therefore, all expenses would be the responsibility of the family of the child requiring treatment.

Custodial Parent/Guardian Signature: \_\_\_\_\_