

KING'S KIDS CHILDREN'S MINISTRY EMERGENCY INFORMATION & RELEASE FORM

PLEASE NOTE: This form will be valid for the current school year and following summer (e.g. Sept. of 09-Aug. of 2010) after which a new form will be sent out. **If there is any changes to the information during the year, parents (legal guardians) are responsible to communicate those changes to the King's Kids Children's Ministry staff.**

Child's Name			Birth Date		/	/
(Last)	(First)	(Middle)				
Child's Address, City, ZIP				Home Phone		
Parent's E-Mail Address			Sex	M	F	School
Mother's Name				Home Phone		
Mother's Address				Cell Phone		
Mother's Employer & Address				Work Phone		
Father's Name				Home Phone		
Father's Address				Cell Phone		
Father's Employer & Address				Work Phone		

PERSONS AUTHORIZED TO PICK UP YOUR CHILD IN CASE OF EMERGENCY			
Name	Address	Telephone	Relationship

PHYSICIAN / DENTIST / INSURANCE INFORMATION		
Physician	Address	Phone
Physician	Address	Phone
Health Plan/Insurance	Subscriber No.	Group No
Emergency Hospital Preference		Phone
Alternative action if physician cannot be reached		

MEDICAL INFORMATION	
Known allergies	Date of Last Tetanus
Describe continuing medical conditions and medications	

PARENT PERMISSION
<p>I hereby <input type="checkbox"/> give <input type="checkbox"/> do not give permission for my child to participate in special events, planned field trips, and excursions which may be part of the ELEVATE program. I understand that responsible adults will accompany my child during these activities.</p> <p>I hereby <input type="checkbox"/> give <input type="checkbox"/> do not give permission for my child's photo to be included in American River Community Church & KING'S KIDS produced materials including printed publications, video productions and the ARCC web site. Names will not be used.</p>

Initial↓: In case of emergency, if Parent or Guardian cannot be reached, I authorize a ministry representative to make the necessary arrangements for my child to receive medical or hospital care, including transportation. If my Doctor is not available,

→ _____ I authorize any licensed physician or surgeon to treat my child. Any expense incurred will be accepted by me.

OR

→ _____ I have provided information on my child's health history and agree to accept FULL responsibility for my child's health. I am choosing my right to refuse a medical examination of my child and request that NO medical care be given to my child.