



COMMUNITY CHRISTIAN FELLOWSHIP

reaching up. reaching in. reaching out.

PARENT PERMISSION AND RELEASE OF LIABILITY

Child's Name: _____ **Date of Birth:** _____

Social Security #: _____ **Grade:** _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Home Phone: (_____) _____ **Work Phone:** (_____) _____

Parental Consent:

(I) (We), the undersigned, parent(s) of _____ (child's name), a minor, do hereby consent to said Minor participating in childcare conducted by Community Christian Fellowship.

Authorization of Consent to Treatment of Minor:

(I) (We), the undersigned, parent(s) of _____ (child's name), a minor, do hereby authorize Community Christian Fellowship, hereinafter "Agent", for and on behalf of the undersigned to consent to any x-ray examination, anesthetic, medical or surgical diagnosis or treatment, and hospital care which is deemed advisable by, and is to be rendered under the general or specific supervision of any licensed physician or surgeon, whether such diagnosis or treatment is rendered at the office of said physician or at a hospital, during all times that the Minor is in the presence of said Agent.

It is understood that this authorization is given in advance of any specific diagnosis, treatment, or hospital care being required, but is given to provide authority and power on the part of our aforesaid agent(s) to give specific consent to any and all such diagnosis, treatment, or hospital care which the aforementioned physician in the exercise of his best judgment may deem advisable.

This authorization shall remain effective through the _____ day of _____, 20____, unless sooner terminated in writing.

Release of Community Christian Fellowship shall indemnify, hold free and harmless, assume liability for, and defend Community Christian Fellowship, its agents, servants, employees, officers, elders, and directors from any and all liability for personal injury or property damage and costs and expenses including but not limited to, attorney's fees, reasonable investigative and discovery costs, court costs, and all other sums for any claim or action founded thereon, arising or alleged to have arisen out of _____ (child's name) care and participation at Community Christian Fellowship, 15704 State Highway North, Lindale, TX 75771.

Parent: _____ Date: _____
Signature Printed Name

Parent: _____ Date: _____
Signature Printed Name

Home Phone: (_____) _____ Work Phone: (_____) _____

Other phone number: (_____) _____

Legal Guardian: _____ Phone: (_____) _____

Other Emergency Contact: _____ Phone: (_____) _____

Family Doctor: _____ Phone: (_____) _____

Insurance Co: _____ If None: Please Check: _____

Insurance Policy Name and #: _____

Known Medical Conditions:

Medications?: _____

Allergies? : _____

Last Tetanus Immunization?: _____

Will You Allow Blood Transfusions?: (___) Yes (___) NO

Other Notes: