



Children's Ministry Consent Form

Children's Ministry has created this form to simplify the process for giving necessary permissions. If the Parent/Guardian wishes to rescind this agreement, they may do so at any time with written notice.

Today's Date: _____

Parent/Guardian Name (print): _____

Parent/Guardian Signature: _____

This form applies to all children listed below:

Child Name: _____	Date of Birth: _____
Child Name: _____	Date of Birth: _____
Child Name: _____	Date of Birth: _____
Child Name: _____	Date of Birth: _____

MEDIA RELEASE

I give permission for my child(ren)'s photograph (still or video), artwork, written work, voice, verbal statement or portrait to appear in Christ Church's printed and/or electronic publications (including but not limited to brochures, website, videos) and in third-party media outlets (including but not limited to newspapers, magazines, websites) for the purposes of public relations, public information, church promotion, publicity, and instruction. Such publications may or may not personally identify your child. The Parent/Guardian further understands and agrees that no monetary consideration shall be paid; consent and release have been given without coercion or duress, this agreement is binding upon heirs and/or future legal representatives; the aforementioned media may be used in subsequent years.

I give permission
 I give permission with reservation (please list) _____
 I do not give permission

MEDICAL RELEASE

I give permission for my child(ren) to take part in all Christ Church of Plano, Inc., Children's Ministry events and activities. I hereby release Christ Church of Plano, Inc. and its staff from responsibility and liability for any injury or illness that my child may sustain during these activities. In an event of an emergency, I hereby authorize the adult supervisor of this activity as agent for me to consent to any medical, dental, surgical, treatment and care deemed necessary by a licensed medical or dental professional. I consent to any x-ray examination, anesthetic, medical, dental or surgical diagnosis or treatment and hospital care under the general or special supervision and upon the advice of or to be rendered by a physician, dentist and/or surgeon licensed under the Medical Practice Act and Dental Practice Act for my child. I expect to be notified as soon as possible. I agree to keep current contact information on file with Christ Church. I further agree to pay all charges for the medical, dental or hospital care or treatment.

PLEASE NOTE: For severe allergies, an Allergy Action Plan form will need to be completed and submitted to Children's Ministry.

Severe Allergy / Medical Condition (if applicable) _____

Emergency Contact _____ Phone _____

Family/Child's Physician _____ Phone _____

Preferred Hospital _____ Phone _____

Insurance Company _____ Group / ID _____

I give permission
 I do not give permission