

Philadelphia Christian Center
Emergency Medical Information and Permission Form

I understand that I will be notified in the case of a medical emergency. In the event, however, that I cannot be reached, I authorize the calling of a doctor and the providing of necessary medical services if my child is injured or becomes ill. I understand that Philadelphia Christian Center Assembly of God will not be responsible for medical expenses incurred, but that such expenses will be my responsibility as parent/guardian. I agree to notify the church in the event of any health changes, which would restrict my child's participation in any normal children/youth activity. I also understand that the adult supervisors reserve the right to restrict my child from any activity that they do not feel is within the physical capacities of my child.

In consideration of the transportation for your child in route to and from church activities, hereby for myself, heir, executor or administrator waive and release any and all claims for damages I may have against the Philadelphia Christian Center or the sponsors of the organization of what so ever kind, their agent or representative for any and all injury and/or claims sustained by my child while traveling in route to and from church activities.

I understand that in the event that my child must be sent home for any reason (sickness, disciplinary, etc.), I will take full responsibility in arranging and financing their transportation from the church event location to my desired point of arrival where I or someone appointed by me, will take custody of my child. By my signature I hereby acknowledge reading and understanding the implications of this agreement. This agreement is affective for _____ event, on _____.

Parent/Guardian Date

Child's Name: _____ Date of Birth: _____

Child's Address: _____ Phone Number: _____

Child's SS#: _____ Date of Last Tetanus Booster: _____

Father's Name: _____ Work Number: _____

Mother's Name: _____ Work Number: _____

Family Doctor: _____ Phone Number: _____

Health Insurance Policy: _____ Policy Number: _____

If Parent/Guardian/Spouse cannot be contacted, please notify:

Name: _____ Phone Number: _____