



TOTS PARENTAL PERMISSION AND MEDICAL RELEASE FORM

In an effort to fully protect all children participating in the activities and programs of Christ Church Vero Beach, this form must be completed and signed by authorized parent(s) / legal guardian(s) of any minor prior to the child's participation in church events. All information collected will remain confidential by church staff and program leaders.

Personal Information

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

Address: _____ City: _____ State: _____ Zip: _____

Parental / Guardian Contact Information: (primary contact in the event of illness, medical or other emergency)

Mom: _____ Dad: _____

Cell Phone: _____ Cell Phone: _____

Home Phone: _____ Home Phone: _____

Work Phone: _____ Work Phone: _____

EMERGENCY Contact Information: (when Parent/Guardian cannot be reached, the following person(s) will be called)

Emergency Contact: _____ Relationship: _____

Contact Number(s): _____

Health Information

Special needs, allergies or restricted activities for this child: _____

Does your child require medicine on a regular basis during our program hours? Yes* No
**If yes, please request and complete a Medicine Information/Administration Consent form.*

Parental Consent for Participation

I hereby give consent for the above named child to attend and participate in TOTS at Christ Church Vero Beach. In the event my child becomes ill or is injured during an activity at Christ Church, I understand a church representative will attempt to contact me or our stated emergency contacts as soon as practical. However, I authorize the church leader(s) to 1) render first aid and/or 2) call 911 for medical assistance as deemed appropriate, and release Christ Church and its representatives, staff, vestry, members and guests from any liability for any loss, injury, or damage to person or property that may occur during the course of my child's involvement. Finally, I grant permission that the above named minor may be included in photography and/or videography of events and activities.

SIGNED: _____
Signature *Date*