



Fun Friday Permission Form

General Information:

Name: _____ Date of Birth: _____ Grade: _____

Address: _____ City: _____ Zip Code: _____

Parent Contact: _____ Cell Phone: _____ Email: _____

Emergency Contact (if parent is unavailable)

Name: _____ Phone: _____ Relationship: _____

Confidential Health History

Has he or she had (please mark yes or no to each):

Yes

No

	Yes	No
Allergies		
Special Needs and/or Medical Conditions		

**Please explain fully if you answered yes to any of the above questions and/or any additional information that would be

helpful for leaders to know when ministering to your child?

Permission for medical treatment:

In the event my son or daughter becomes ill or sustains injury while in the care of or in the supervision of the Centreville Presbyterian Church staff and CPCKids volunteers, they are given permission to administer first aid for my son or daughter's relief. Consent is also given to admit him or her to any hospital facility and for all medical, surgical, diagnostic, and hospital procedures or treatment as may be performed or prescribed, including the administration of such drugs or medications, by a physician for him or her when such treatment is deemed immediately necessary or advisable to safeguard my son or daughter and it is not advisable or practical to return him or her to me or receive my instruction for his or her care. I waive my right to informed consent for said treatment.

Please check box if you DO NOT give permission for your child's image to be photographed and/or filmed to be used for print video, and/or web publications.

By signing this, I consent and agree that the child named above can participate in CPCKids Fun Friday.

Name of Parent/Guardian: _____

Signature: _____ Date: _____