

# CHRIST COMMUNITY CHURCH CHILD CONSENT FORM

I, \_\_\_\_\_, am the parent or legal guardian of  
Name of Parent or Legal Guardian

\_\_\_\_\_ hereinafter, "my child," was born on  
Name of Minor

\_\_\_\_\_. My child is attending participation in activities with Christ Community Church.  
Date of Birth

I hereby authorize **Julie Bond** and his/her officers, agents, servants,  
Director of Children's Ministries

or employees who are 18 years of age or older, who supervise the activities at Christ Community Church into whose care my child has been entrusted, to consent to medical care or dental care, or both, for my child. The authority granted by this authorization includes the authority to consent to any X-ray examination, anesthetic, medical, 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 licensed physician and surgeon. This authority also extends to any x-ray examination, anesthetic, dental or surgical diagnosis or treatment and hospital care by a licensed dentist.

I further authorize the Director of Children's Ministries and his/her officers, agents, servants, or employees who are 18 years of age or older, who supervise the activities at or with Christ Community Church to receive physical custody of my child. Upon completion of any treatment, and I specifically instruct any treating health facility to surrender physical custody of my child to

**Julie Bond** and his/her officers, agents, servants, or employees who are  
Director of Children's Ministries

18 years of age or older who supervise the activities at this event.

It is understood that this authorization is given in advance of any special diagnosis, treatment, or hospital care being required, but is given to provide authority and power on the part of the Director of Children's Ministries and his/her authorized designees, in the exercise of their best judgment on what is advisable for my child's care, upon advice of a physician, dentist, or surgeon.

The undersigned or a member of the immediate family of the undersigned further understands and acknowledges that Christ Community Church would not allow \_\_\_\_\_  
Name of Minor

to participate in church activities without releasing and holding harmless Christ Community Church, Director of Children's Ministries and his/her officers, agents, servants, employees who are 18 years of age or older from all activities, claims, costs, expenses, or damages of any kind growing out of any church related activity.

\_\_\_\_\_  
Signature of parent or legal guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name of parent or legal guardian (Please Print)

\_\_\_\_\_  
Name of Insurance Company

\_\_\_\_\_  
Insurance Co Telephone Number

\_\_\_\_\_  
Insurance Policy Number

\_\_\_\_\_  
Person to Contact in Case of Emergency

\_\_\_\_\_  
Telephone Number