

Child/Nursery Health Information Form

Child's name: _____ Birth date _____

Parent/Guardian Name: _____

Telephone number: home _____ work _____ cell _____

Parent/Guardian Name: _____

Telephone number: home _____ work _____ cell _____

Emergency Contact (if other than above parent(s)/guardian(s):

Name #1 _____ Relationship: _____

Telephone number: home _____ work _____ cell _____

Name #2 _____ Relationship: _____

Telephone number: home _____ work _____ cell _____

Medical Care Contacts:

Physician's name: _____

Address _____ Telephone _____

Dentist's name: _____

Address _____ Telephone _____

Health Insurance Coverage for Child:

Insurer's name: _____

Policy or Group number: _____

Allergies or Medical Conditions: _____

Parent/Guardian Consent and Agreement

In consideration of my child's (name listed above) opportunity to participate in ABC Church's activities and programs, I acknowledge and accept the risks of injury associated with participation and transportation to and from any and all activities and programs of ABC Church. I accept personal financial responsibility for any injury or other loss sustained during the activities or programs of ABC Church or during transportation to and from such activities and programs, as well as for medical treatment rendered to my child that is authorized by ABC Church its leaders, employees, volunteers, or agents. I specifically consent to allowing my child to be transported to receive emergency care and to be responsible for all financial charges for such emergency care.

I release and promise to indemnify, defend and hold harmless ABC Church, its leaders, employees, volunteers, and agents from any and all injury or loss resulting directly or indirectly from the activities and programs of ABC Church or transportation to and from such activities and programs, whether such injury result from the negligence of ABC Church, my child, or otherwise.

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

(page 2 of 2)