

MEDICAL RELEASE & PERMISSION FORM

Please complete both sides of this form.

For ALL Children's Ministry Events

STUDENT NAME _____ BIRTHDAY _____ SEX ☐ M ☐ F

HOME ADDRESS _____

CITY _____ STATE _____ ZIP _____ GRADE _____

PARENT/GUARDIAN _____ PHONE _____

PARENT EMAIL _____ CARRIER _____
(so we can communicate via text/SMS)

SECOND PARENT _____ PHONE _____

SECOND PARENT EMAIL _____ CARRIER _____
(so we can communicate via text/SMS)

EMERGENCY CONTACT _____ PHONE _____

MEDICAL INSURANCE COMPANY _____ POLICY/GROUP # _____

POLICY HOLDER _____ PHYSICIAN _____ PHONE _____

ALLERGIES, MEDICAL CONDITIONS OR SPECIAL NEEDS

Our church cares for the success and safety of each participant. Does your child have any allergies, medical conditions, learning disabilities, behavioral diagnosis, special needs, or other disabilities that we can prepare to support?

MEDICATIONS (please list) _____

DIETARY RESTRICTIONS* _____

ALLERGIES _____

DATE OF LAST TETANUS _____

*IMPORTANT ALLERGY INFORMATION FOR SNACKS!

If your child has food allergies, we strive to offer safe snack options but **cannot guarantee an allergen-free environment**. We provide gluten-free, dairy-free, and peanut-free snacks when possible, but we encourage you to send a safe snack if needed. By signing this form, you acknowledge that while BCC Children's Ministry takes precautions, cross-contamination risks remain. If your child has severe allergies or needs special accommodations, please inform our staff so we can support their safety.

MEDICAL RELEASE & PERMISSION FORM

Please complete both sides of this form.

I, _____ (parent/guardian - please print), hereby give permission for
_____ (child - please print) to participate in Children's Ministry events planned
by Buffalo Covenant Church.

I authorize any duly authorized employee, volunteer or other representative of Buffalo Covenant Church as agent for the undersigned, to consent to any X-ray examination, anesthetic, medical or diagnosis treatment, and hospital care which is deemed advisable by, and is to be rendered under the general or specific supervision of, any licensed physician, dentist or surgeon, whether such diagnosis or treatment is rendered at the office of said physician, dentist or surgeon or at a clinic, hospital or other medical facility.

It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care being required, but is given to provide authority and power on the part of our aforesaid agent(s) to give specific consent to any and all such diagnosis, treatment or hospital care which the aforementioned physician, dentist or surgeon in the exercise of his or her best judgment may deem advisable.

I also hereby release, absolve, indemnify, hold harmless, and forever discharge the church, the organizers, sponsors, and supervisors from any and all claims, demands, actions, or cause of actions, past, present, or future arising out of injury or damage while participating in any activities planned and provided by Buffalo Covenant Church Childrens Ministries.

I understand and authorize that my student's image may be photographed or filmed and used in video presentations, printed publications, the church website and social media including Facebook and Instagram.

I assume all risks and hazards incidental to the conduct of the activities and transportation to and from the area. In case of the injury to my child, I hereby waive all claims against the organizers, the sponsors, or any supervisors appointed by them. I likewise release from responsibility any person transporting my student to and from the activities.

I agree to be responsible for any expenses incurred in the care of my child through medical insurance or personal responsibility.

PARENT/GUARDIAN SIGNATURE _____ DATE _____

By typing my name, I consent to the above authorization and release.