Axios

Calendar Year_____ Payment Method: ☐ Check #_____ ☐ Cash ☐ Paid Online

Current Grade (or completed) _____ ☐ Male ☐ Female

Name_____

Address _____ City _____ State _____ Zip _____

School _____ DOB _____

Home Phone _____ E-mail address _____

Parent/Guardian _____ Parent/Guardian Work Phone _____

Parent/Guardian Address _____ Parent/Guardian Mobile Phone _____

Parental Consent and Medical Release

_____(Student's name) will be attending Centreville Baptist Church (CBC) activities (on-site and off-site). As parent(s) we (I) are confident that every measure will be taken to protect the safety of all participants. So on behalf of said student we (I) hereby release, forever discharge, and agree to hold harmless, Centreville Baptist Church, all sponsors, and the directors thereof, from any and all liability, claims or demands for personal injury, sickness or death, as well as property damage and expenses, of any nature whatsoever which may be incurred by the undersigned and the participant that occur while said child is participating in CBC ministries.

Furthermore, we (I) hereby assume all risk of personal injury, sickness, death, damage and expense as a result of participation in recreation and excursion activities involved therein. Further, authorization and permission is hereby given to CBC to furnish any necessary transportation, food, and lodging during activities, events, etc.

We (I) are the parent(s) or legal guardian(s) of this participant and hereby grant permission for him/her to participate fully in CBC activities, and hereby give CBC staff permission to take him/her to a doctor or hospital and authorize medical treatment including, but not limited to, emergency surgery or x-rays. We (I) will assume all responsibility for all medical bills, if they are incurred. I understand that if medical treatment is required we (I) will be contacted as soon as possible. Should it be necessary for my child to be sent home for medical reasons, disciplinary reasons, or otherwise, we (I) hereby assume all related costs.

We (I) also understand that my child may be photographed and /or videotaped during student ministry and CBC activities with the understanding that these pictures and/or sound may be shared with other participants and the church membership, including on CBC's websites for the purpose of promoting CBC and its' sponsors. We (I) grant this permission freely and without reservation.

_____ _____

Parent /Guardian signature Date

PLEASE COMPLETE BOTH SIDES

Would you like to help sponsor another student? ☐ yes ☐ no If yes, amount: $ _____

Medical Information (Please complete the entire form)

Medical Insurance

Insurance Company Name or Canadian Healthcare Number

Insurance Company Address

City/State/Zip Phone Number

Name of Insured

Policy Number Physician Phone Number

Dental Insurance (If different from Medical Insurance listed above)

Insurance Company Name

Insurance Company Address

City/State/Zip Phone Number

Name of Insured

Policy Number Dentist Phone Number

Is your child currently under the care of a physician for a medical problem?
_____ Yes _____ No If yes, please explain

Is your child currently taking medication prescribed by a physician?
_____ Yes _____ No If yes, please list each med and note if it needs refrigeration
Requires refrigeration ☐
Requires refrigeration ☐

Please list any over the counter medications you **do not wish** dispensed to your child for treatment of minor ailments or injuries:

Axios

Does your child have any of the following medical conditions? If yes, please explain any details.

Chronic health problems? ____ Yes ____ No

Allergies (e.g. bee stings, medications)? ___ Yes ___ No

Program limitations? ____ Yes ____ No

Is there any other information about your child that an attending physician needs to be aware of? __ Yes __ No

Date of last Tetanus shot or booster ___/___/___

Date of last MMR shot or booster ___/___/___