



CRESTWOOD BAPTIST CHURCH

Weekday Preschool

Emergency Information for 2015 – 2016

Full Name: _____ Gender: _____ Birth date: _____

Address: _____

City

State

Zip

Home Phone: _____ Emergency Phone _____

1st Guardian's Name _____ Lives with (Yes) (No)

Relationship _____

Address (if different from child) _____

Daytime phone number 1 _____

Daytime phone number 2 _____

Cell phone number _____

2nd Guardian's Name _____ Lives with (Yes) (No)

Relationship _____

Address (if different from child) _____

Daytime phone number 1 _____

Daytime phone number 2 _____

Cell phone number _____

Medical Insurance Co. _____ Policy No. _____ Group No. _____

Physician _____ Phone _____ Hospital _____

List any serious medical condition, injury, illness, communicable disease or operation your child has had. _____

Does your child have any food allergies, other allergies or asthma? _____ If yes, specify each type of allergy _____

Does your child regularly take any prescription or over-the-counter medication? _____

If yes, specify _____

Does your child have a prescription requiring the use of an Inhaler? _____ Epi-Pen? _____
(If you check any of the above, you must provide Inhaler or Epi-Pen)

Other life-sustaining RX? _____ If yes, does your child's physician recommend that the Inhaler or Epi-pen be carried on his or her person? _____

Any other medical or emergency information we need to know? _____

As Parent/Guardian of the child listed above, I verify that all information on this form is current and that I will immediately inform the preschool of any changes in this information

Signature of Parent/Guardian _____ Date _____

**** MORE INFORMATION ON BACK ****



Form for all minors involved in all ministries at
CRESTWOOD BAPTIST CHURCH
Weekday Preschool

RELEASE, HOLD HARMLESS AND INDEMNITY

I, the undersigned, as parent or legal court appointed guardian of _____, a minor under the age of eighteen (18), ("Minor"), with full authority to act on behalf of Minor, do hereby agree and give my consent to the Minor participating in the Programs and Activities at Crestwood Baptist Church, I, on my own behalf and on behalf of Minor, acknowledge that participating in the Programs and Activities involve certain risks and that injuries, death, or other harm (including damage to Minor's property) could occur to Minor ("Injuries"). By allowing Minor to participate in the Programs and Activities, I, on my own behalf and on behalf of Minor, hereby assume full responsibility for the risk of Injuries. I, on my own behalf and on behalf of Minor, and our heirs, successors, assigns, executors and administrators, hereby **RELEASE AND HOLD HARMLESS AND AGREE TO INDEMNIFY** Crestwood Baptist Church of Crestwood, Kentucky, Inc, and its staff, volunteer leaders, members, employees, deacons, council members, Ministry and Church Leadership (hereinafter collectively referred to as "CBC") from and against any and all liability, claims, damages, causes of action, loss, costs and expenses (including, without limitation, attorneys fees) for Injuries arising out of or connected with the Programs and Activities, including traveling to and from the Programs and Activities.

MEDICAL CONSENT AND AUTHORIZATION

If, while participating in the Programs and Activities, Minor requires emergency medical treatment, I hereby give' my consent for any emergency medical care to be rendered to Minor as may be deemed necessary by any duly licensed physician or dentist. I hereby give my permission to CBC to obtain the emergency medical treatment at any hospital, clinic or other health care provider as may be deemed appropriate. In these circumstances, I hereby request and authorize any duly licensed physicians, dentists and staff, or other licensed technicians or nurses, to perform any diagnostic procedures, treatment procedures, operative procedures and x-ray treatment of Minor, including but not limited to medical transport, hospital tests, injections, anesthesia, surgery and administration of prescription drugs.

I assume full responsibility for all medical expenses incurred as a result of such emergency treatment.

Parent/Guardian Signature:

Printed Name: _____

~ Forms due by June 1st ~