



First Christian Reformed Church Bellflower Children's Ministry Information Form

(please complete one form per child participant)

Child's Name: _____ Date of Birth: _____

Child's Address: _____

Mother/Guardian Name _____ Father/Guardian Name: _____

Mother/Guardian Address (if different from child): _____

Father/Guardian Address (if different from child): _____

Mother/Guardian Cell: _____ Mother Email address: _____

Father/Guardian Cell: _____ Father Email address: _____

People to whom child may be released (other than parent):

1) _____ 2.) _____

PERSON TO CONTACT IN CASE OF EMERGENCY WHEN PARENT CANNOT BE REACHED

Name: _____ Phone: _____

IMPORTANT INFORMATION ABOUT YOUR CHILD

My Child enjoys: _____

My Child dislikes: _____

Allergies/Diet Restrictions/Medications _____

Learning Differences/Developmental Challenges: _____

(please complete the other side of this form and return to Children's ministry leader)

AUTHORIZATION AND CONSENT OF PARENT(S) OR LEGAL GUARDIAN(S)

I do hereby state that I have legal custody/guardianship of the aforementioned Minor. I grant my authorization and consent for First CRC BELLFLOWER STAFF/ CHILDREN'S MINISTRY LEADERSHIP (hereafter "Designated Adult") to administer general first aid treatment for any minor injuries or illnesses experienced by the Minor. If the injury or illness is life threatening or in need of emergency treatment, I authorize the Designated Adult to summon any and all professional emergency personnel to attend, transport, and treat the minor and to issue consent for any hospital care deemed advisable by, and to be rendered under the general supervision of a licensed physician. I agree to assume financial responsibility for all expenses of such care. It is understood that this authorization is given in advance of any such medical treatment in order to provide authority and power on the part of the Designated Adult in the exercise of his or her best judgment upon the advice of any such medical or emergency personnel.

MEDIA ACKNOWLEDGMENT AND CONSENT

I give permission for video and photographs in which I and/or my child appear to be used for publications and public relations activities by First Christian Reformed Church Bellflower. This may include use in print and electronic media, social media, including the internet.

Parent/Legal Guardian Signature: _____

Printed Name _____

Date _____