

# HOPE COMMUNITY CHURCH ANNUAL CONSENT FORM

September 1, 2011 through August 31, 2012

## GENERAL INFORMATION

These are questions that will be asked of your child in the event that there is a need to take him/her to the Emergency Center of a hospital. Having this information will expedite the admission process and the treatment of injuries or illness.

Child's Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ M.I. \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age 9/1/11: \_\_\_\_\_ Male  Female  Last Grade Completed: \_\_\_\_\_

Street Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Parent/Guardian Names: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Parent's/Guardian's Work Phone: \_\_\_\_\_

Other phone numbers where you can be reached: \_\_\_\_\_

Emergency Contact Name & Phone: \_\_\_\_\_

Parent Email: \_\_\_\_\_

## SPECIAL INFORMATION

Please list any daily medication your child is on, special medical problems, and/or special limitations that your child may have:

\_\_\_\_\_  
\_\_\_\_\_

Is there any personal information you'd like us to know about your child? (extremely shy, parents are divorcing, recent death in family, etc): \_\_\_\_\_

\_\_\_\_\_

### ALLERGY/HEALTH ALERT

Bee Stings/Insect Bites

Food Allergies: \_\_\_\_\_

Other: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## GENERAL RELEASE

The undersigned hereby grants permission for our (my) child, \_\_\_\_\_, to attend and participate in all activities sponsored by Hope Community Church, 302 Tristan Drive in Shawano, Wisconsin, from September 1, 2011 through August 31, 2012.

In the event of an emergency, I give permission for emergency medical treatment under the direction of a physician. I also give Hope Community Church permission to render first aid in the event of a minor incident (i.e.: clean a minor cut or scrape, apply Band-Aids, apply ice).

I RELEASE HOPE COMMUNITY CHURCH, SHAWANO, WISCONSIN, OR ANYONE ELSE ON THEIR OWN BEHALF, OF ANY DAMAGES ON ACCOUNT OF ANY INJURY, ILLNESS, OR PHYSICAL CONDITION SUSTAINED BY MY CHILD DURING THESE ACTIVITIES.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

## LIABILITY RELEASE

Further, authorization and permission is hereby given to Hope Community Church to furnish any necessary transportation, food and lodging for this participant. The undersigned further hereby agree to hold harmless and indemnify Hope Community Church, its directors, employees and agents, for any liability sustained by Hope Community Church as the result of the negligent, willful or intentional acts of said participant, including expenses incurred attendant thereto.

Further, should it be necessary for the participant to return home due to medical reasons, disciplinary action or otherwise, we (I) hereby assume all transportation costs.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

## PHOTO RELEASE

**Yes.** I understand and authorize that Hope Community Church may photograph or videotape/film my child for use in video presentations, in printed publications, and/or on their internet website, with or without the use of my child's first name.

**No.** I do NOT authorize photographing or videotaping of my child.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Hope Community Church, 302 Tristan Dr., Shawano, WI 54166**

Phone: 715-524-2320

Website: [www.shawanochurch.org](http://www.shawanochurch.org)

Fax: 715-524-4517