

Tacoma Christian Center Kid's Event Permission Slip

Event: Kids Camp

Cedar Springs

4820 SR 92

Lake Stevens, WA 98258

July 31st – August 4th 2017

Transportation Provided by TCC Members

Permission to Participate & Release of Liability

I give permission for my son/daughter, _____, age _____ to participate in the event offered by Tacoma Christian Center Kid's Ministry, and consent and agree to indemnify and hold harmless Tacoma Christian Center, its agents, employees, or volunteer assistants from all claims that I or the church might have arising out of my child's participation in this event which is over and above that which is covered by insurance.

My child agrees to abide by the Tacoma Christian Center leadership.

Tacoma Christian Center Kid's Ministry has permission to take pictures of my child: Yes No

Emergency Medical Care & Treatment

If it should become necessary for my child to receive medical treatment for any reason, I understand that the medical insurance policy for Tacoma Christian Center acts in a primary position ONLY when the participant is not already covered by insurance. Consequently, I agree to submit all claims FIRST to my insurance company, then to the insurance company for Tacoma Christian Center.

I also accept full responsibility for the cost of medical treatment for any injury suffered while taking part in the event, which is over and above that which is covered by insurance. In addition, I authorize and consent to all medical, surgical, diagnostic, and hospital procedures as may be performed or prescribed by a physician to safeguard my child's health, and it is not advisable to take the time to contact me in advance. I waive the right to informed consent for such treatment.

Moreover, I understand that temporary emergency measures may be necessary to safeguard my child's health, and I do hereby authorize and request personnel from Tacoma Christian Center to administer or supervise such treatment and to do any procedure that it deems necessary until such time as my child can be safely transported to a doctor or hospital.

Parent/Guardian Signature

Today's Date



Kids Camp 2017

July 31st – August 4th, 2017

Participant's Information

Child's Name: _____

Address: _____

Entering Grade: _____ Birthday: _____ M F

Guardian Information

Guardian Name: _____

Home Phone: _____ Cell: _____

Email: _____

Medical Information

List any Medical Conditions: _____

Does your child require medications? Y N

Medications: _____

Allergies or Medical Allergies: _____

Allergic to Insect Bites? Y N

Does your child deal with any of the following?

- Heart Trouble
- Ear Trouble
- Diabetes
- Skin Trouble
- Fainting Spells
- Lung Trouble
- Allergies
- None of the Above

Insurance

Insurance Company Name: _____

Insurance Address: _____

Employer: _____

Insurance Group #: _____ Insurance ID#: _____

Date of Last Tetanus Shot: _____

In Case of Emergency

Name: _____

Relationship to Child: _____

Phone Number: _____