



## PARENTAL PERMISSION AND MEDICAL RELEASE FORM

*In an effort to fully protect all children participating in the activities and programs of Christ Church Academy, this form must be completed and signed by authorized parent(s) / legal guardian(s) of any minor prior to the child's participation in church events. All information collected will remain confidential by the CCA Director.*

### Personal Information

Child's Full Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

### Parental / Guardian Contact Information: (primary contact in the event of illness, medical or other emergency)

Mom: \_\_\_\_\_ Dad: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

### EMERGENCY Contact Information: (when Parent/Guardian cannot be reached, the following person(s) will be called)

Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_

Contact Number(s): \_\_\_\_\_

### Health Information

Special needs, allergies or restricted activities for this child: \_\_\_\_\_

Does your child require medicine on a regular basis during our program hours?  Yes\*  No

Does your child require an EpiPen for allergic reactions?  Yes\*  No

***\*If yes, please request and complete a Medicine Information/Administration Consent form.***

### Parental Consent for Participation

I hereby give consent for the above named child to attend and participate in Christ Church Academy class activities. If my child becomes ill or is injured during an activity at Christ Church Vero Beach, I understand the CCA Director will attempt to contact me or our stated emergency contacts as soon as practical. However, I authorize the teachers or church leader(s) to 1) render first aid and/or 2) call 911 for medical assistance as deemed appropriate, and I release Christ Church Vero Beach and its representatives, staff, vestry, members and guests from any liability for any loss, injury, or damage to person or property that may occur during the course of my child's involvement. Finally, I grant permission that the above named minor may be included in photography and/or videography of events and activities.

SIGNED: \_\_\_\_\_  
Signature Date

CHRIST CHURCH ACADEMY ▪ 667 20<sup>th</sup> Street, Vero Beach, FL 32960 ▪ (772) 562-8670 ▪ [www.christchurchvero.org](http://www.christchurchvero.org)