

# Parent Consent Form

*If the Parent/Guardian wishes to rescind any portion of this agreement they may do so at any time with written notice.*

Today's Date \_\_\_\_\_ Parent/Guardian Name (print) \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_

This form applies to my Preschool through Grade 5 children, listed below:

Child's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ M or F \_\_\_\_\_

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Child's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ M or F \_\_\_\_\_

## ➡ ① MEDIA RELEASE

I release my child(ren)'s photograph, video, artwork, written work, voice recording, and first name to appear in Christ Church's printed and electronic publications (including but not limited to brochures, website, videos) and made available to third-party media outlets (including but not limited to newspapers, magazines, websites) for the purpose of public relations, public information, church promotion, publicity, and instruction.

\_\_\_ I give permission      \_\_\_ I have reservations and wish to speak with staff about prohibiting media release

## ➡ ② EVENTS PERMISSION AND MEDICAL RELEASE

I give permission for my child(ren) to take part in all Christ Church of Plano, Inc., Children's Ministry events and activities. I hereby release Christ Church of Plano, Inc. and its staff from responsibility and liability for any injury or illness that my child may sustain during these activities. In an event of an emergency, I hereby authorize the adult supervisor of this activity as agent for me to consent to any medical, dental, surgical, treatment and care deemed necessary by a licensed medical or dental professional. I consent to any x-ray examination, anesthetic, medical, dental or surgical diagnosis or treatment and hospital care under the general or special supervision and upon the advice of or to be rendered by a physician, dentist and/or surgeon licensed under the Medical Practice Act and Dental Practice Act for my child. I expect to be notified as soon as possible. I agree to keep current contact information on file with Christ Church. I further agree to pay all charges for the medical, dental or hospital care or treatment.

\_\_\_ I give permission      \_\_\_ I do not give permission

Emergency Contact #1 \_\_\_\_\_ Phone \_\_\_\_\_

Emergency Contact #2 \_\_\_\_\_ Phone \_\_\_\_\_

Family Physician \_\_\_\_\_ Phone \_\_\_\_\_

Severe Allergy / Medical Condition (if applicable) \_\_\_\_\_

## ➡ ③ PARENT E-NEWSLETTER

We keep parents up-to-date with Children's Ministry activities through a biweekly email newsletter. To subscribe, add your email address below:

Email Address \_\_\_\_\_

