

**Emergency Medical Authorization
Kidron Mennonite Church**

Today's Date _____

Child's Name _____ M / F (circle one)

Child's Birth Date ____ / ____ / ____ Child's Home Phone _____

Child's Address _____

Residential Parent or Guardian or Mentor:

Mother _____ Phone _____

Father _____ Phone _____

Other name _____ Phone _____

Emergency Contact name and phone number: _____

Purpose – to enable parents and guardians to authorize the provision of emergency treatment for children who become ill or injured while under KMC authority when parent or guardian cannot be reached.

Doctor _____ Phone _____

Dentist _____ Phone _____

Local Hospital _____ Phone _____

Facts concerning the child's medical history, INCLUDING ALLERGIES, medications being taken, and any physical impairments to which a physician should be alerted:

Consent to Treatment. I authorize and consent to any diagnostic examinations, administration of anesthetics and/or drugs, medical and/or surgical treatment, and hospital care required to be rendered to our child under the general or special supervision and on the advice of physicians, surgeons, anesthesiologists, dentists, or ophthalmologists licensed in the location where treatment is rendered, or by other qualified medical personnel acting under their supervision. We further consent to the release of any medical records and medical information for our child between any medical providers under this Consent and our child's customary medical providers and Lydell Steiner, who is an adult responsible for our child while such child is under the authority of Kidron Mennonite Church, its staff and volunteers (collectively "**Church**"). Minor treatment not normally requiring a physician and life-saving emergency treatment may be rendered to our child by any person.

Signature of Parent or Guardian

Date

KMC Youth Programs Registration

Today's Date _____

Circle all the programs your child is involved in:

Sunday School Girls/Boys Club Bible School Club FISH Harmony/Sonshine Choir Other _____

Child's Name _____ M / F (circle one)

Child's Birthdate ____ / ____ / ____ Grade ____ Child lives with ____ mother ____ father ____ both parents ____ other

Parents Names _____

Address _____

Phone Number(s) _____
(Home and cell, if applicable)

Email _____

Does your child have any food allergies? ____ yes ____ no Explain _____

Does your child have any particular problems that the leader should be aware of? ____ yes ____ no

Explain: _____

Sunday School:

Where parent/guardian can be reached (location of Sunday school class; if the child attends with a mentor, please include the mentor's name)

Instructions for releasing your child when Sunday school is over:

____ My child may leave on his/her own after Sunday school (for children Kindergarten on up)

____ My child needs to wait in the classroom after Sunday school until someone comes to pick him/her up

*Person(s) authorized to pick up child _____

Other Youth Programs/Events:

Name and phone number of at least one emergency contact person, in case parent cannot be reached:

Person(s) authorized to pick up child _____

I have received a copy of the KMC Children's Ministries Statement of Policies _____ (Initial)

General Liability Release for all Kidron Mennonite Church sponsored activities

I, _____ (Parent's/guardian's name), give my permission for
_____ (Child's name) to attend and participate in the following Kidron Mennonite
Church sponsored activities from September 1, 2011-August 31, 2012 (Initial all activities that you grant
permission for).

_____ Sonshine or Harmony Choir

_____ Club FISH

_____ Boys Club or Girls Club or JYF

_____ Sunday School

_____ Bible School

_____ Other special activities planned by Kidron Mennonite or families of Kidron Mennonite.

Please note or clarify any activities that you do not want your child to participate in:

Acknowledgment of Risk: While the above activities can be fun, I understand that they involve certain risks. I have carefully considered the risks involved and consent to my child's or children's participation in the above activities. I understand that participation in the above activities is entirely voluntary and participants, including my child or children, must abide by applicable rules and standards of conduct. I understand that the above activities may require my child or children to be transported by Kidron Mennonite Church's staff or volunteers.

Release from Liability: I release Kidron Mennonite Church, its staff, its volunteers, and other persons or organizations associated with the above activities from all claims arising out of my child's or children's participation in the above activities or transportation incident to such participation.

Indemnification: Further, I agree to indemnify Kidron Mennonite Church, its staff, its volunteers, and any other persons or organizations associated with the above activities against any claims for injury, death, or property damage brought by or on behalf of my child or children as a result of participation in the above activities.

Photo Release (Check One)

_____ I give permission for the pictures of my child _____ to be released to the public.

_____ I do NOT give permission for the pictures of my child to be released to the public.

Expiration. This Consent **EXPIRES** on _____
Date

Signature of Parent or Guardian

Date