



## WOODLANDS CHRIST'S CHURCH

Dear Parents,

We are delighted to have your child join us for children's activities with Woodlands Christ's Church. We will do our best to take good care of each child who attends children's ministry events and activities. Please take a moment to complete the following consent form, which will provide us with information that will help us know your child a little better and take good care of him/her during children's events. Please complete one form per child and keep this cover letter for your reference.

We would love the opportunity to get to know your whole family. Parents are always welcome and encouraged to join us for children's events, as well as any other church events. If there is any way we can be of service to you and your family, please do not hesitate to let us know.

For children's ministry concerns, contact Tara Atkins –281-751-8930. For other needs, concerns, or church information, contact Pastor Steve Chin – 281-989-5441.

Thank you,

Children's Ministry, Woodlands Christ's Church



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## General Information and Health Consent Form for Children

It is very important to have the most current and correct information on each child. This form is a general information form and a health consent form. This form will be considered valid for all events for one year from date of signature. After one year, a new form will need to be completed and submitted. By signing this form the parent/guardian agrees that it is the responsibility of the parent/guardian to inform the Children's Ministry of any changes to be made on the form (insurance information, address/phone change, emergency contact, etc.). No child will be allowed to participate in any event without this form completed.

Child's Name:	Gender (circle one):    Boy    Girl	Age:
Date of Birth:	School Attended:	Grade Level:
Parent/Guardian:	Relationship to child:	Home Phone: Cell Phone:
Street Address:	City:	State / Zip Code:
Emergency Contact:	Relationship to child:	Emergency Contact Phone #:
Family Physician and Phone #:	Physician Street Address	Physician City, State, Zip Code:
Insurance Company:	Policy:	Insurance Phone #:
Does the child attend church or Sunday School regularly? (circle one): Yes                      No	If so, where:	T-Shirt Size Youth/Adult (circle one): s   m   l   xl            adult s   m   l   xl

Does the child have any known special needs or illnesses, which might interfere with his/her participation in strenuous activity? If so, please explain.

Does the child have any allergies or reactions to food, drugs, or medications? If so, please explain.

Is the child presently taking any medications or on any special diet or exercise restriction? If so, please explain in detail (name of medications, dosage, etc.).

Are there any emotional/social disabilities that would be helpful for us to be aware of? If so, please explain. (Please use opposite side for additional information if necessary.)

Date of the last TTB (Tetanus, Dip/Tox, Booster shot): \_\_\_\_\_

Is your son/daughter living with (circle one):    Both Parents    One Parent    Guardian    Other

I, the undersigned parent/guardian, do hereby grant permission for my son/daughter to attend the events scheduled. In order that my son/daughter may receive the proper medical treatment in the event that he/she may sustain injury or illness during the period of the event, I hereby authorize the Children's Ministry and sponsors of Woodlands Christ's Church to obtain or provide medical treatment for my son/daughter for such injury or illness during the event, and I hereby hold the Children's Ministry and sponsoring organizations, as well as its representatives of Woodlands Christ's Church, harmless in the exercise of this authority. I further acknowledge and understand that I will be responsible for any medical bill that may be incurred on behalf of my son/daughter for physical illness or injury that he/she may sustain during the event. I acknowledge and understand that my son/daughter is assuming the risk of such physical illness or injury by his/her participation, and I further release the sponsoring organization(s) and its representatives of Woodlands Christ's Church from any claims for personal illness or injury that my son/daughter may sustain during the event. I further acknowledge and understand that my son/daughter will be responsible for his/her failure to abide by the rules and regulations of the event.

Date Signed: \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_