

**FIRST COMMUNITY CHURCH
CHILD WAIVER FORM**

Child's Name _____ Date of Birth _____

Doctor's Name _____ Dr. Phone _____

Preferred Hospital _____

Dentist's Name _____ Dentist Phone _____

Parent/Guardian _____

Home Phone _____ Cell Phone _____ Work Phone _____

Emergency Contact (in case parent/guardian cannot be reached)

Name/relationship _____ Phone _____

Name/relationship _____ Phone _____

Insurance Company under which child is covered _____

Policy Number _____ Phone _____

Does your child take medication? No ___ Yes ___ If yes, what? _____

Does your child have any known allergies? No ___ Yes ___ If yes, what? _____

Does your child have any health problems and/or restrictions on his/her activities? Yes ___ No ___

If yes, please describe _____

I hereby make application for my child's acceptance in the camp program of the First Community Church of Leavittsburg. I will instruct my child to obey all rules and regulations, which are for the purpose of keeping order, and to protect campers from injury. I recognize that there is some risk involved which requires the adherence to these rules. I hereby release First Community Church of Leavittsburg, its officers, instructors, members and guests against all liability claims, judgments, or demands for damages arising from accidents or injuries or from the aggravation of a pre-existing condition or for any injury resulting from that condition. I hereby give my authorization to contact the above listed physician, hospital or dentist when medical attention is needed and reasonable, but efforts to contact me have been unsuccessful.

I acknowledge that I have read and understand this agreement. For value and/or consideration received. I attest to the agreement without duress. I hereby certify that the above information is true and correct.

Signature of parent or guardian

Date