

WHEATON BIBLE CHURCH CHILDREN'S MINISTRIES  
**All-Year Participation Form**

September 2007 – September 2008

I/We give consent for (print name of minor) \_\_\_\_\_ to attend any Children's Ministries events being sponsored by Wheaton Bible Church.

In the event that he or she is injured while under the care of Wheaton Bible Church and its representatives and requires the attention of a doctor, I hereby consent to and will be responsible for any reasonable medical treatment as deemed necessary by a licensed physician.

I/We further agree to hold the Wheaton Bible Church and its representatives free and harmless of any claims, demands or suits for damages arising from the authorization and provision of such medical treatment.

I/We understand the nature of the event and do hereby release the Wheaton Bible Church and its representatives from any liability due to accident or injury incurred by my child.

I/We agree to cover all costs if our student needs to be sent home for disciplinary reasons.

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

**Name of Parent/Guardian (print)** \_\_\_\_\_

**Student's Name** \_\_\_\_\_

**Address** \_\_\_\_\_

**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_

**Telephone at Home** (        ) \_\_\_\_\_

**Telephone at Work** (        ) \_\_\_\_\_

**Other phone (specify cellular/pager, etc.)** (        ) \_\_\_\_\_

**Email** \_\_\_\_\_

**Student's Birthday** \_\_\_\_\_ **Grade** \_\_\_\_\_ **School** \_\_\_\_\_

**Special Medications or Medication Allergies** \_\_\_\_\_

**Activities** \_\_\_\_\_

**Restriction** \_\_\_\_\_

**Family Doctor/Name of Practice** \_\_\_\_\_

**Doctor's Phone** (        ) \_\_\_\_\_

**Insurance Company** \_\_\_\_\_

**Group #** \_\_\_\_\_ **Policy #** \_\_\_\_\_

Those in charge will take every possible safety precaution and every possible attempt will be made to contact parents or guardians immediately in the event of injury or other emergency!