

**Broadway Christian Church
Emergency Release Form**

Child's Name:

D.O.B.:

Home Phone:

Address:

City:

State:

Zip:

Parents Name(s)

Cell Number(s)

Work Number(s)

Parents email address(s)

Emergency Contact:

Relationship:

Phone:

Medical Insurance Provider:

Phone:

Insuring Parents Name:

ID or group#:

Physician's Name:

Phone:

Preferred Hospital:

Medical Allergies:

Food Allergies:

Is this allergy life threatening? ? Yes ? No

Medications Accompanying Child:

Medications Given to Sponsor/ Camp/ Church:

To the Parent and/ or Legal Guardian:

I, the undersigned parent of:

Understand that my child is responsible for knowing the rules made by the sponsoring church and/ or organization. It is understood by the parent or guardian of the above, that he/ she being in good health, grant permission to seek medical attention in the occurrence of any accident or illness. I understand that efforts will be made in contacting the parent or guardian when an illness or accident occurs. I hereby authorize the accompanying adult sponsor to seek medical attention deemed necessary by them for the health and safety of my child. I hereby release and relieve said sponsor and Broadway Christian Church from any liability arising from any and all related fractions of this event. Permission is hereby given for the use of pictures and video taken by Broadway Christian Church.

Parent/ Guardian Signature:

Date:

Please mail, fax, or turn into church office:

Broadway Christian Church
7335 E. Broadway Rd. Mesa, AZ 85208 Phone: (480)981-0802 FAX: (480)641-1822