



Christian Life Fellowship Children's Ministries School year 2014-2015

Information received is confidential and is being gathered for the purpose of serving your child while in the care of Christian Life Fellowship. The safety of your child is our primary concern. Precautions will be taken for their well being and protection.

SILENT USHER NUMBER _____

Child's Full Name: _____

Please circle: Male Female

Date of Birth: _____ Day/Month/year

Parents Name: _____

Address: _____

Phone Number: _____ Cell Phone Number _____

Email address _____

People Authorized to Pick Up My Child

In the case of custody agreements, please include the proper form authorizing parental contacts.

Persons able to pick up my child are:

Health/Medical Information/Allergies

Any medical information collected here serves to authorize Christian Life Fellowship, and its ministry team and volunteers, to obtain medical assistance in emergencies. Information will be maintained indefinitely as it is requirement of our insurance company and legal counsel.

Does your child have **any Allergies or Medical Conditions** that the ministry team should know about?

Circle YES or NO

If yes, please explain:

Will your child be bringing **any medication** with him/her?

Circle YES or NO

Initial _____

If yes, please list. _____

Disclaimer/Waiver

- I give permission for CLF ministry team to take pictures/videos of my child for facility use only.
- I give permission for the ministry team to provide my child with a snack
- I have been made aware that the ministry team do not change diapers and will contact me if the need arrives.
- I am aware CLF's children's ministry has an open door policy. If I choose to stay with my child I will be considered an "observer". I must sign in on the attendance sheet and I will refrain from putting myself in a position of trust with other children.

-I agree to indemnify and hold blameless all volunteers Ministry Staff, Christian Life Fellowship, its Pastors and board from and against any loss, damage or injury suffered by the participants as a result of being part of the activities of Christian Life Fellowship, as well as of any medical treatment authorized by the supervising individuals representing the church. This consent and authorization is effective only when participating in or travelling to events of Christian Life Fellowship.

I acknowledge that I have read the above document and agree with all information above.

Date: _____ Signature _____

