

KAF 2020

CHILD'S NAME _____

CHURCH NAME _____

LEADER/CONTACT PERSON: _____

EMERGENCY MEDICAL RELEASE FORM- Return to Christian Retreat

I hereby give my approval for my child to attend and participate in ALL ACTIVITIES including swimming, canoeing, pedestal joust, sports challenge, door to door (including outreach & transportation to and from), extreme obstacle course, water slide, ropes course, and tethered hot air balloon ride. I understand that the staff of KIDS-A-FLAME has laid out guidelines, I, the parent or guardian, will be glad to come and get my child or make arrangements for my child to return home immediately if guidelines are not followed.

By my signature on this form, I hereby release Christian Retreat/Gospel Crusade, Inc, (GCI), employees of GCI, KIDS-A-FLAME and any volunteer staff or workers of GCI from any liability resulting from injury to the minor listed on this form. I authorize the adult sponsors to approve of any medical procedures that may be required in case of accident or injury. I release any medical facility from liability resulting in treatment of the minor listed or myself.

I give my permission for the use of video or pictures of my child taken during the service or activity times at KIDS-A-FLAME for publicity purposes. If you do not want your child photographed, please check the following box and you MUST include a recent photo of your child. If we do not have a photo we can not insure they will not be photographed. NO PHOTOS PLEASE

EMERGENCY MEDICAL INFORMATION

List any physical or mental limitation: _____ - _____

List any medications which will accompany your child to camp: _____

List any medical conditions to be aware of: _____

List any medications allergic to: _____

I do not wish my child to participate in the following: _____

Date of Last Tetanus shot: _____

Insurance Company: _____ Policy #: _____

Parent/Guardian Name: _____ Signature: _____

Emergency Phone #'s: _____

Please Note: Registrations will not be accepted without all information completed in full.

Notary:

_____ appeared before me on _____ day of _____ 2020.

_____ is personally known or presented _____ as ID.

Signed _____ Date: _____

Date of expiration of Notary _____