



Kingsley Kids Café Permission Form

EMERGENCY & MEDICAL INFORMATION FORM

Child's Name _____ Age _____

Parent/Legal Guardian _____

Address: Street _____

City _____ State _____ Zip _____

Phone Number: Day _____ Evening _____

Medical History: (list any medical problems that your child has, food allergies, etc.) _____

List medications taken and dosage: _____

NOTE: DO NOT bring your child if he/she has: a fever or is sick with a cold, virus, sore throat, mumps, measles, or any other contagious infection.

Insurance Company: _____

Policy Number: _____

Doctor: _____ Phone: _____

In Case of Emergency and the parent/legal guardian cannot be reached, contact the following:

Name _____ Relationship _____ Phone _____

Name _____ Relationship _____ Phone _____

In the absence of the parent/legal guardian, the following person(s) is (are) authorized to pick up the above named child.

Name _____ Relationship _____ Phone _____

Name _____ Relationship _____ Phone _____

Signature of parent/legal guardian _____ Date _____



Kingsley Kids Café

Liability Waiver

In considering the good and valued benefits _____(name of participant) derives from participating in Kingsley's Kids Café. I/We undersigned, the parents or Legal Guardian's of this child, will not hold Kingsley United Methodist Church, its staff, or Volunteers responsible for injuries sustained by my child, and from all claims, or demands, related thereto , while participating in Kingsley's Kids Café program.

Childs name: _____ Date _____

Parent/ Guardian Signature: _____ Date _____



Kingsley Kids café

Photo Release

I give Kingsley United Methodist Church permission to use photos and videos of my child for all publicity and advertising. I waive any right I may have to inspect and/or approve the finished product or advertising company. I release Kingsley United Methodist Church from any liability arising from the use of such pictures or materials.

Parent/Guardian Signature _____ Date _____