

# Kidz Central Information Sheet

Child's Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

(Parents)Home#: \_\_\_\_\_ Cell#: \_\_\_\_\_ Wk#: \_\_\_\_\_

Age: \_\_\_\_\_ Sex: \_\_\_\_\_ DOB: \_\_\_\_\_

School and Grade Completed: \_\_\_\_\_

Allergies: \_\_\_\_\_

Interests: \_\_\_\_\_

Parent's Name: \_\_\_\_\_

Emergency Contacts: \_\_\_\_\_

\_\_\_\_\_

Child's Doctor: \_\_\_\_\_ Hospital Preference: \_\_\_\_\_

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

FOR VBS, who would your child prefer to be grouped with:

\_\_\_\_\_

Where did you hear about us at? Please Circle:

Church Website   Facebook   Instagram   Flyer

Other: \_\_\_\_\_

I, \_\_\_\_\_, give permission for the Staff at Christ Central Church in Rainbow City, Alabama, the right to care and perform basic first aid care on my child. If my child requires emergency care, I give permission for my child to be treated by emergency personnel until I can be reached.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Permission to pick up child other than self: \_\_\_\_\_

# Medical Release Form Christ Central Church

Name (first, middle, last) \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Phone \_\_\_\_\_ Date of Birth \_\_\_\_\_ Age \_\_\_\_\_

Parents Names \_\_\_\_\_ T-shirt size \_\_\_\_\_

Grade in School \_\_\_\_\_ Doctors name and phone \_\_\_\_\_

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

Contract Number \_\_\_\_\_ Group Number \_\_\_\_\_

Allergies or Medical Problems \_\_\_\_\_

Medicines currently taking \_\_\_\_\_

I, the undersigned parent or guardian of the applicant \_\_\_\_\_  
give my permission for participation in the ministry of CHRIST CENTRAL CHURCH and do hereby release and discharge the above church and its authorized representatives and staff from all liability of any kind and character upon my claim, demand or cause of action which might be asserted in behalf of said applicant against said church, representatives or staff. Furthermore, in the event of an accident, if the said applicant or representatives are unable to contact the parent or guardian, I hereby grant permission to said staff or representatives to administer necessary first aid, and/or to take applicant to the nearest medical facility for additional treatment and I, the parent or guardian, will assume the responsibility of all medical bills, if any.

Further, should it be necessary for the applicant to return home due to medical reasons, disciplinary action or otherwise, I hereby assume all transportation cost.

I understand that this form will be used and accepted on all youth/children's trips or events that my child participates in with Christ Central Church. Furthermore, if there are any changes in the above information it will be my responsibility to see that the staff is notified, and all forms brought up to date.

\_\_\_\_\_  
Signature of Parent or Guardian