

**Christ Church Preschool Summer Camp 2021
Authorization for Emergency Medical Care**

Child's Name: _____

Date of Birth: _____ Age as of 9/21: _____

Address: _____

City: _____ Zip Code: _____

Main Contact Email: _____

Parent's Name: Mom _____ Dad _____

Cell Phone(s): Mom _____ Dad _____

Emergency Contact (other than legal guardian):

Emergency Contact Cell Phone: _____

Allergies or medical needs: _____

I hereby grant permission for my child to participate in all activities of Christ Church Preschool's Winter Break Camp.

I hereby grant permission for my child's picture to be taken during the event.

I have read and acknowledge the Winter Break Camp Guidelines.

I hereby waive any claim against Christ Church Preschool, The Woodlands, Texas.

I hereby grant permission for the Minister, Staff Person, Acting Director, or an authorized counselor to take whatever steps may be necessary to obtain emergency medical care if warranted. These steps may include, but are not limited to the following:

- 1. Attempt to contact parents/guardians through the numbers listed on this form.**
- 2. Attempt to contact the Emergency Contact stated above.**
- 3. If we cannot contact you or your emergency contact, we will do any or all the following:**
 - a. Call an ambulance**
 - b. Have the child taken to the nearest emergency hospital in the company of a staff member.**
- 4. Any expenses incurred under item 3 will be borne by the child's family.**
- 5. The church will not be responsible for anything that may happen, as a result of false information given at the time of registration.**

Signature of Parent or Legal Guardian

Date

	Session 1	Session 2
My child will be attending:	_____ Week 1 (June 15/17)	_____ Week 4 (July 20/22)
	_____ Week 2 (June 22/24)	_____ Week 5 (July 27/29)
	_____ Week 3 (June 29/July 1)	_____ Week 6 (Aug 3/5)