

Kingdom Kids Weekday Preschool - Grace Bible Church
2019-2020 Medical Authorization and Release

Name of Minor: _____
I, (name of parent or guardian): _____
the undersigned, of (address): _____
City of _____ County of _____
State of _____

In the event of any accident, sudden illness, or medical emergency involving the aforesaid minor, I hereby authorize the Kingdom Kids' Director or an adult person(s) into whose care the minor has been entrusted, to consent to any x-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care, deemed to be necessary by a licensed physician. **It is the express intent of the undersigned that this Medical Authorization and Release be in effect for all Kingdom Kids Weekday Preschool activities conducted during August 2019 – May 2020.**

In consideration of the minor being permitted to participate in all Grace Bible Church - Kingdom Kids Weekday Preschool activities that occur during the period of time beginning on August 2019 – May 2020, I the undersigned, as parent or guardian of the minor, and on the behalf of said minor and the heirs, executors and personal representatives of said minor ("Releasers"), hereby release, waive, discharge, covenant not to sue, agree to indemnify and hold employees and assigns ("Releases") from any an all damages, liability, causes of action, or any other form liability, past, present or future, and whether caused by the negligence of Releases or otherwise, arising out of or relating to said minor's presence or participation in the aforementioned Grace Bible Church - Kingdom Kids Weekday Preschool activities, and any activities related thereto, or any actions taken by Releases pursuant to the above medical authorization with respect to said minor.

This Release shall be binding on myself, my heirs, executors and legal representatives and on the minor and his heirs, executors and legal representatives

Executed this _____ day of _____ 2019.

Signature: _____

Medical Insurance Information: _____ / _____
Insurance Company Policy Number

Hospital Preference: _____
Please give specific name of facility

List any existing medical conditions, medication and/or special attention your child may require.

Allergies: _____

Pediatrician's Name: _____ Phone: () _____

Please give the last date for the following shots:

Polio:_____ DTaP:_____ MMR:_____ HIB:_____ Varicella:_____ HepB:_____ PCV:_____ HepA:_____

Are your child's immunizations current? _____

Permission to Participate: Child may participate in the following activities:

- ☐ Water Activities,
- ☐ Anderson Park,
- ☐ In-house special activities (Petting Zoo, Joy Jump, etc.)
- ☐ Child's photo and/or artwork displayed on GBC/Kingdom Kids TV and bulletin boards