

Wednesday Kids' Clubs

Houghton Wesleyan Church

I give my permission for my child to participate fully in all Club activities. I give my permission to take said child to a doctor or hospital and authorize medical treatment, including, but not in limitation to emergency surgery or medical treatment, and assume the responsibility of all medical bills, if any. We understand that we will be contacted if at all possible and that our family physician will be contacted if possible, but in the event that he/she cannot be reached, the Club staff may choose a reputable physician.

<u>Child's Name:</u>	<u>Age/Grade</u>	<u>Date of Birth</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Parents/Guardians Name/s _____

Phone # _____ E-mail _____

Address _____

Additional Information (including allergies & medication/s) _____

If I cannot be reached, notify (name) _____ Phone # _____

Name & Phone # of Family Doctor _____

Name of Hospital _____

Parent/Guardian Signature _____

Date _____

*\$5.00 Registration /donation per child with this form is to help with costs for the year with a cap of \$20.00 per families with multiple children.

We plan to take pictures of our classes this year in order to post them on our website—www.hwchurch.org. Because we are serious about protecting our children, none of the children will be identified and because we respect your concerns, we are asking for your permission to post unidentified classroom pictures in which your child might be included.

Yes, I give my permission to use unidentified pictures of my child on the Houghton Wesleyan Church website _____ (initial).