

# 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.

**Child's Name:**

**Age/Grade**

**Date of Birth**

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

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 \_\_\_\_\_

We plan to take pictures and videos of our classes this year in order to post them on social media and our church newsletter. 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 pictures and video of my child.