



**MEDICAL & MEDIA RELEASE  
FOR ALL CHILDREN'S ACTIVITIES  
July 1, 2018 –June 30, 2019**

CONNECTION POINT CHURCH, RAYTOWN, MO  
10500 East 350 Highway, Raytown, MO 64138  
Telephone Number 816-353-1994  
FAX Number 816-778-1134

Child's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Parent Email Address \_\_\_\_\_

Parent/Legal Guardian \_\_\_\_\_

Home Phone \_\_\_\_\_ Parents Business Phone \_\_\_\_\_ Cell \_\_\_\_\_

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

Group Number \_\_\_\_\_ Certificate Number \_\_\_\_\_

Name of Doctor \_\_\_\_\_ Telephone Number \_\_\_\_\_

MEDICATIONS Needed: \_\_\_\_\_

(NOTE: All medications will be placed in the care of the nurse/doctor & dispensed from the First Aid Station under adult supervision.)

FOOD ALLERGIES (List): \_\_\_\_\_

Medication & Other Allergies (List): \_\_\_\_\_

Date of Last Tetanus (if known): \_\_\_\_\_

**MEDIA Release**     Yes     No

**I give permission to Connection Point Church to use my child picture &/or voice in future media publications to promote Connection Point church events.**

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**In case of emergency, I hereby give permission to the Connection Point Church in Raytown to hospitalize, secure proper treatment for, and to order injection, anesthesia, or surgery for the person named above.**

**I hereby grant permission for the above named person to participate in and to be cared for while involved in the activities of the Connection Point Church of Raytown, Missouri for the period of July 1, 2018 through June 30, 2019.**

Signature of Parent/Legal Guardian \_\_\_\_\_ Date \_\_\_\_\_

**July 1, 2018  
June 30, 2019**