

Emergency Medical Card and Legal Releases for Children and Youth—KIDmunity Music and FCCF

Child or Youth Name	Birth Date (MM/DD/YYYY)

Illness, Accident or Emergency Contacts

Full Name	Phone	Phone	Relationship to Child

Additional Authorized Adults (for pick-up or drop-off)

Full Name	Phone	Phone	Relationship to Child

Medical Information

Family Doctor: _____ Phone: _____

Health Plan Information: _____

If your child(ren) or youth have a known health condition that may affect him/her please explain: _____

Emergency Medical Card and Legal Releases for Children and Youth—KIDmunity Music and FCCF

I understand that if emergency medical or dental treatment is needed and the listed emergency contacts cannot be reached, 911 will be called. I realize that KIDmunity Music and First Congregational Church of Fresno cannot assume responsibility for the payment of medical fees or expenses incurred as a result of any required emergency medical or dental treatment. I agree that in case of injury to my child(ren), I will apply our health insurance coverage toward payment of the expenses incurred and will not look to KIDmunity Music, FCCF or any of their directors, officers, clergy, staff, volunteers or agents for the payment of any medical costs or injury-related costs incurred as a result of my child(ren)'s or youth's attendance at any KIDmunity Music or FCCF sponsored class, trip, event, or activity. There is no childcare available after our youth programs and activities, so I agree to pick up my child(ren) immediately at the close of each session. I also agree that KIDmunity Music or First Congregational Church of Fresno staff may transport my child between church and home when, at his/her discretion, it is deemed necessary. I understand it is my responsibility to keep this card current.

Parent/Guardian Signature: _____ Date: _____

Print Name: _____

I authorize KIDmunity Music and First Congregational Church of Fresno to take photographs, video recordings and audio recordings, and to use any and all images and audio files in any format and for any purpose relating to fundraising, publicity or advertizing. I release any and all rights and claims to these recordings and images.

Parent/Guardian Signature: _____ Date: _____

Print Name: _____