

SCC KIDS MINISTRY 2024 Waiver

Filed for the Calendar year 2024

(Please Print Clearly)

Child Information:

Last Name:

First Name:

Address:

City:

State:

Zip Code:

Home Phone: ()

Cell Phone: ()

Age: Sex:

Grade:

This is my child's first time attending a SCC KIDS event: Yes / No

Parent/Guardian Information:

Last Name:

First Name:

Relationship to student:

Address:

City:

State:

Zip Code:

Home Phone: ()

Cell Phone: ()

Work Phone: ()

Email:

Emergency Contact:

Home Phone: ()

Cell Phone: ()

For any questions or concerns, please contact Pastor Melissa Meacham
Melissa@southcoastchristian.com

Medical Record & Release

Child Information:

Last Name:

First Name:

Health Problems or Medical Issues:

Emergency Contact:

Home Phone: (_____)

Cell Phone: (_____)

Food Allergies:

Drug Allergies:

Polio Vaccination: Yes / No

Date of last Tetanus shot: / /

Activity Restrictions:

Regular Medications:

Insurance Company:

Insurance Company Phone: _____

Policy Number:

Name of Policy Holder:

(Please attach copy of Insurance Card)

In case of emergency:

In the event of an emergency, I, _____, here by authorize the sponsors to obtain for my child (me) any medical care they deem necessary for immediate care and agree that I will pay all such medical services rendered. I hereby release **South Coast Christian, and/or SCC KIDS**, agents, employees, directors, officers, and volunteer assistants from any and all liability whatsoever arising out of any injury, damage, or loss which may be sustained by the aforementioned student during involvement with South Coast Christian .

Publicity Release:

I, _____, hereby grant permission for **South Coast Christian, and/or SCC KIDS**, to photograph/video my child during event activities and to use the photographs/video/website in **South Coast Christian, and/or SCC KIDS**, audio-visual and printed materials, without compensation or approval rights.

Parent/Guardian Signature:

Date: