



**Changing the world one child at a time through Jesus Christ.**

***REGISTRATION/PARENTAL CONSENT/MEDICAL TREATMENT FORM/INSURANCE/PHOTO RELEASE***

**Effective dates: August 1, 2023 through September 31, 2024**

Student's Name \_\_\_\_\_ Age \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_ Gender boy or girl

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone \_\_\_\_\_ Parent's Cell Phone \_\_\_\_\_ Text friendly (y or n)

Student Cell Phone \_\_\_\_\_ Text friendly (y or n) Email \_\_\_\_\_

School \_\_\_\_\_ Grade \_\_\_\_\_ Ethnicity (White, African American, Hispanic, Asian, Other \_\_\_\_\_)

The undersigned does hereby give permission for our (my) child, \_\_\_\_\_ to participate in any activity sponsored by Children of Hope Inc., Buffalo Trail Baptist Church or any other church or organization that is affiliate with Children of Hope Inc.

We (I) do hereby authorize adult workers with children and/or youth of the above named organization or church to consent to any examination, x-ray, anesthetic, medical, or surgical diagnosis or treatment and hospital care which is rendered under supervision of any physician or surgeon licensed under the provisions of the Medical Practice Act on the medical staff of a licensed hospital.

Further, as parent or guardian of the minor named, we (I) do hereby expressly consent that my son/daughter may receive emergency medical treatment from any physician, hospital, or other medical center without the necessity of first notifying me, and do further agree to hold blameless any physician, hospital, or other medical center for rendering such services.

The undersigned, being 21 years of age or older, do ourselves (myself) hereby release, forever discharge and agree to hold harmless Children of Hope Inc., Buffalo Trail Baptist Church or any other church or organization that is affiliated with Children of Hope Inc. and the volunteers and/or directors thereof from any and all liability, claims, or demands for personal injury, sickness, or death, as well as property damage and expenses.

The undersigned does hereby give permission for our (my) child to ride in any vehicle designated by the adult whose care the minor has been entrusted while attending and participating in activities sponsored by Children of Hope Inc., Buffalo Trail Baptist Church or any other church or organization that is affiliated with Children of Hope Inc.

The undersigned agrees to Children of Hope's rules and discipline policy and understands that the parent or guardian may be contacted to pick up their child for misconduct.

800 Garretson St. P. O. Box 217 Morristown, TN 37815

[www.childrenofhopetn.com](http://www.childrenofhopetn.com) (423) 312-1983 / (423) 312-3303

FOR A RIDE CALL (423) 258-RIDE (7433)

## **Health Insurance Information**

Hospital Insurance (circle one) Yes No

Insurance Company or Group: \_\_\_\_\_

Policy Number: \_\_\_\_\_ Group Number \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone # \_\_\_\_\_

Physician: \_\_\_\_\_ Phone # \_\_\_\_\_

### **Please let us know your child's health needs by completing this section.**

\_\_\_\_\_ My child has no health problems which would affect his/her day.

\_\_\_\_\_ My child's health needs include the conditions checked (X).

\_\_\_\_\_ Allergies. Please list \_\_\_\_\_ Asthma. Is inhaler used?

\_\_\_\_\_ Yes \_\_\_\_\_ No

\_\_\_\_\_ Seizures. What type? \_\_\_\_\_

\_\_\_\_\_ Other concerns \_\_\_\_\_

### **Photograph or Videotape of a Student**

I hereby grant to **Children of Hope Inc.** and to its employees, agents and assigns the right to photograph my dependent and use the photo and or other digital reproduction of him/her or other reproduction of his/her physical likeness for publication processes, whether electronic, print, digital or electronic publishing via the Internet.

### **Signatures:**

Father \_\_\_\_\_ Date \_\_\_\_\_

Mother \_\_\_\_\_ Date \_\_\_\_\_

Legal Guardian \_\_\_\_\_ Date \_\_\_\_\_

Participant (child) \_\_\_\_\_ Date \_\_\_\_\_

800 Garretson St. P. O. Box 217 Morristown, TN 37815

www.childrenofhopetn.com (423) 312-1983 / (423) 312-3303

FOR A RIDE CALL (423) 258-RIDE (7433)