

**Kids Life Unlimited Special Needs Ministry**  
**Permission and Medical Consent**  
**254 South Silver Springs Rd**  
**Cape Girardeau MO 63703**  
**(Please Print)**

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Child's Name (Last, First, MI) \_\_\_\_\_ Date of Birth \_\_\_\_\_ Male/Female \_\_\_\_\_

Child's Address \_\_\_\_\_

Allergies: \_\_\_\_\_

Medications and other significant medical information: \_\_\_\_\_

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In case of medical emergency requiring emergency vehicle transportation, my child will be transported at my expense or through my personal insurance company. My preferred hospital to be used in an emergency is \_\_\_\_\_. I understand that the choice of hospital may be at the discretion of the ambulance driver depending on the severity of the emergency.

I understand that, in the event my child requires medical treatment, reasonable efforts will be made to contact me or those on the emergency contact list; however, if unable to make contact within a reasonable time, I hereby consent and give permission to the church staff, as agent for me, to give consent to any medical, surgical diagnosis and treatment, anesthesia, injections, X-rays, and hospital care and treatment advised and supervised by a physician, surgeon (as appropriate) licensed to practice medicine under the laws of the state where the services are rendered, either as an outpatient or in any hospital. To the best of my knowledge, I have listed all of my child's medical allergies, medications currently being taken, medical problems and other pertinent health information. My child has permission to participate in all sanctioned activities duly supervised by child care staff except as noted by me:

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Furthermore, I understand and hereby agree to assume all of the risks that may be encountered on said premises Cape First Assembly property. I do hereby agree to hold Cape First Assembly Church, its officers, agents, servants and employees, harmless from any and all liability, actions, causes of actions, claims, expenses, and damages on account of personal injury to my child, property damage or wrongful death while on said property, except where determined to be legally defined as "unduly negligent", which may arise in the future in connection with the activity or participation in any associated activities.

As parent or legal guardian of my child, I am responsible for the health care decisions of my child and am authorized to consent to the services to be rendered. I represent that my consent to and agreement to pay for the dental, medical, or hospital care or treatment to be rendered to my child is legally sufficient and that no consent from any other person is required by law.

I expressly agree that this release and indemnity agreement is intended to be broad and inclusive as permitted by the law of the State of Missouri and that if any portion thereof is held invalid, it is agreed that the balance shall continue in full legal force and effect. This release contains the agreement between the parties hereto, and the terms of this release are contractual and not a mere recital.

*I further state that I have carefully read the foregoing release and know the contents thereof, and I sign this release as my own free act. This is a legally binding agreement, which I have read and understand.*

\_\_\_\_\_  
(Parent/Guardian)

\_\_\_\_\_  
(Parent/Guardian)

\_\_\_\_\_  
(Print Name)

\_\_\_\_\_  
(Print Name)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Date)

10/14/2015