



**Tabernacle Church of Norfolk
Children's Ministry**

Parent(s) or Guardian(s): First & Last Name(s):

Address _____ City _____ Zip _____

Home Phone _____ Cell Phones _____

Best Family Email: _____

Emergency Contact _____ Phone _____

I/We the parent(s)/guardian(s) of the child(ren) listed below do hereby authorize the treatment by qualified and licensed emergency or hospital personnel in the event of a medical emergency which, in the opinion of the attending physician, may endanger his/her life, cause disfigurement, physical impairment, or undue discomfort if delayed. This authority is granted for ALL TAB Church activities only after a reasonable effort has been made to reach me. My child(ren)'s presence at a given activity indicates my permission for his/her participation.

Signature of Parent/Guardian _____ **Date** _____

Child #1 Last Name _____ First Name _____

Birthdate ____/____/____ Age _____ Grade _____ Gender _____

Any Allergies, Special Needs or Custody concerns? If yes, please explain

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Child #2 Last Name _____ First Name _____

Birthdate ____/____/____ Age_____ Grade_____ Gender_____

Any Allergies, Special Needs or Custody concerns? If yes, please explain

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Child #3 Last Name _____ First Name _____

Birthdate ____/____/____ Age_____ Grade_____ Gender_____

Any Allergies, Special Needs or Custody concerns? If yes, please explain

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Child #4 Last Name _____ First Name _____

Birthdate ____/____/____ Age_____ Grade_____ Gender_____

Any Allergies, Special Needs or Custody concerns? If yes, please explain

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Child #5 Last Name _____ First Name _____

Birthdate ____/____/____ Age_____ Grade_____ Gender_____

Any Allergies, Special Needs or Custody concerns? If yes, please explain

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