

# PARENTS' DAY OUT SUMMER SESSION APPLICATION

## CHILD INFORMATION

First Name

Last Name

Date of Birth

Age

Gender

Male\_\_\_\_\_ Female\_\_\_\_\_

## PARENT / PRIMARY GUARDIAN INFORMATION

Name

Address

City / State / Zip

Telephone

Home
Work
Cell

Email

Home Church

## EMERGENCY CONTACT INFORMATION

Name

Relationship

Phone

Name

Relationship

Phone

**MEDICAL INFORMATION**

Please list if any:

Chronic or recurring illness or medical conditions: \_\_\_\_\_

Dietary restrictions: \_\_\_\_\_

Current medications: \_\_\_\_\_

**Health / Allergies:** (check all that apply)

- Hay fever
- Insect stings
- Asthma
- Ivy poisoning, etc.
- Penicillin
- Other: \_\_\_\_\_

**PHOTOGRAPH RELEASE:**

( ) I hereby grant permission for my child’s photographs to be included in church newsletter, local press, video, outreach brochures and the church website. **Parent/Guardian Initials:** \_\_\_\_\_

**PARTICIPATION IN OLATHE BIBLE CHURCH PDO**

I give permission for my child to participate in all activities offered at Parents Day Out that are age appropriate. These include, play time, snacks, stories including Bible stories, songs, puppets, prayer, crafts, PDO approved and age appropriate videos, and creative movement. Occasionally, the children play in the gym area or on the church yard.

**Parent/Guardian Initials:** \_\_\_\_\_

**MEDICAL RELEASE AND HOLD HARMLESS AGREEMENT**

I (we), the parent(s), legal guardian(s), or custodian(s) of the child/children named above, knowingly release, absolve, INDEMNIFY, AND HOLD HARMLESS the Olathe Bible Church, as well as its employees, officers, directors, agents, representatives, affiliates, successors, and assigns from any and all causes of action of any kind whatsoever, whether in statute, contract, or tort (INCLUDING CLAIMS OF NEGLIGENCE), which in any way relate to or arise from the child’s activities at or sponsored by Olathe Bible Church. In the event the child/children named above is/are injured while in the care of Olathe Bible Church and require(s) the attention of a doctor, I (we) consent to any reasonable medical treatment as deemed necessary by a licensed physician. In the event treatment is called for which a physician and/or hospital employee refuse to administer without our consent, I (we) hereby authorize the Director of Childcare Ministries, and/or representatives of Olathe Bible Church to give consent for us if we cannot be reached by telephone at one of the numbers listed above, or if because of an emergency, there is not time or opportunity to make a telephone call. In the event that it becomes necessary for one of these persons to give consent for us, we agree to hold such person, as well as Olathe Bible Church, free and harmless and agree to INDEMNIFY such person, as well as Olathe Bible Church, from any claims, demands, or suits for damages (INCLUDING CLAIMS OF NEGLIGENCE) arising from the giving of such consent, as long as the treatment is administered by or under the supervision of a licensed physician.

**Parent/Guardian signature:** \_\_\_\_\_

**Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_