

Permission and Release Form

Name of child: _____

Has my permission to attend _____

To be held on (date & time) _____

At (location) _____

Child's age _____ Date of birth _____ Parent(s) name _____

Address, City, Zip _____

Home phone _____ Cell phone _____

Emergency contact _____ Phone _____

Does your child have medical conditions or take any medications that we should be aware of?

_____ YES _____ NO

If yes, please explain _____

Physicians name _____ Phone _____

Insurance _____ Group # _____

In case of emergency, I can be reached at _____

In event that I cannot be reached, I give my permission to the licensed physician, nurse, or medical care provider designated by the group leader to secure medical aid as required for illness or injury under a physician's orders, including transportation to and from necessary facilities. I accept the cost of any such treatments.

I hereby release and hold harmless Community Bible Church from any and all liability for accident or injury that might occur while participating in and/or traveling to and from such event.

Parent/guardian's signature _____ Date _____