

# 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 \_\_\_\_\_