

PARENTAL CONSENT / LIABILITY RELEASE FORM

Name _____ Age _____ Birth Date _____
Address _____ Phone (____) _____
City _____ State _____ Zip Code _____
School _____ Grade in or just completed _____
Parent(s) Name _____ Phone (____) _____
Address _____
Parent(s) Business Phone (____) (____)
Parent (s) Cellular Phone (____) (____)

To Whom It May Concern:

The undersigned does hereby give permission for our (my) child _____ to attend and participate in activities sponsored by First Christian Church.

We (I) authorize an adult, in whose care the minor has been entrusted, to consent to any x-ray examination, anesthetic, medical, surgical or dental diagnosis or treatment, and hospital care, in case of an emergency, to be rendered to the minor under the general or special supervision and on the advise of any physician or dentist licensed under the provisions of the Medical Practice Act on the medical staff of a licensed hospital, whether such diagnosis or treatment is rendered at the office of said physician or at said hospital.

The undersigned shall be liable and agree(s) to pay all costs and expenses incurred in connection with such medical and dental services rendered to the aforementioned child pursuant to this authorization.

We (I) do hereby release, forever discharge and agree to hold harmless First Christian Church and the directors and all church volunteers and sponsors thereof from any and all liability, claims or demands for personal injury, sickness, or death, as well as property damage and expenses, of any nature whatsoever which may be incurred by the undersigned and the child-participant that occur while said child is participating in any trip or activity sponsored by First Christian Church.

Further, we (I) authorize and give my permission to First Christian Church to furnish any transportation, food and lodging necessary.

The parents of the child identified on this form understand that if necessary, because of misconduct or disobedience, the child may be required to return home.

Should it be necessary for our (my) child to return home due to medical reasons or otherwise, the undersigned shall assume all transportation costs.

The undersigned does also hereby give permission for my (our) child to ride in any vehicle designated by the adult in whose care the minor has been entrusted while attending and participating in activities sponsored by First Christian Church.

The undersigned further hereby agree(s) to hold harmless and indemnify said church, its directors, employees and agents, for any liability sustained by said church as the result of the negligent, willful or intentional acts of said participant, including expenses incurred attendant thereto.

This Parental Consent / Liability Release Form shall be effective for a period of one (1) year.

Emergency Phone Numbers _____ (____) _____
(Nearest Relative) (Name) (Phone Number)

Insurance Company _____
Policy Number _____ **Group Number** _____

Family Physician _____ **Phone** (____) _____
Date of Last Tetanus Booster: _____

Please list any allergies or special medical problems your child may have: _____

Participant _____ **Date** _____

Parent/Guardian _____ **Date** _____