

# Medical Release and Liability Form/Permission Slip

Children's Names	Grade Fall 2015	Date of Birth	Please list Medical Conditions, Food Allergies, Drug Allergies Also any medications taken on a regular basis.

Parent/Legal Guardians Names: \_\_\_\_\_

Family E-Mail address: \_\_\_\_\_

Home Address: \_\_\_\_\_

Phone #'s: Home \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Cell \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Work \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Primary Insurance Company \_\_\_\_\_ ID# \_\_\_\_\_

Policy Holder's Name \_\_\_\_\_ Group/Policy# \_\_\_\_\_

**MEDICAL RELEASE**

In the event of an emergency or non-emergency situation requiring medical treatment, I, as the parent/guardian grant permission for any and all medical and/or dental attention to be administered to my child/children/ward, in the event of an injury or illness, until such time as I can be contacted and will assume all financial responsibility for such medical treatment. This permission includes, but is not limited to, the administration of first aid, the use of an ambulance, and the administration of anesthesia and/or surgery, under the recommendation of qualified medical personal. I also understand and agree that if my child/ward becomes ill or if the staff deems it necessary that my child/ward leave an event, it will be my responsibility to transport or arrange transport for my child/ward from the event. I affirm that this form shall remain in effect until such time as I make changes to the above information and I understand that I am responsible to update this form

Date \_\_\_\_\_

\_\_\_\_\_  
Parent/Guardian Signature

**LIABILITY RELEASE**

I, the parent/guardian of the above named child (ren)/ward, realize that there are inherent risks involved in travel and participation in activities and events and I fully understand that those risks can include injury to my child/ward. I hereby release and hold harmless Lighthouse Presbyterian Church and any of its agents or representatives from all liability that may occur during an event planned by the Lighthouse or any and all of its agents and representatives. I intend for this Release to stay in full force and effect unless and until I deliver a notice of revocation, revoking the terms of this document.

Date \_\_\_\_\_

\_\_\_\_\_  
Parent/Guardian Signature

**EMERGENCY CONTACT (OTHER THAN PARENT)**

Name of contact \_\_\_\_\_ Relationship to child(ren) \_\_\_\_\_

Current phone # of emergency contact \_\_\_\_\_

**\*\*THIS FORM MUST HAVE ALL SIGNATURES BEFORE CHILDREN WILL BE ALLOWED TO PARTICIPATE IN EVENTS\*\***

<b>Children's Church</b>	<b>Kingdom Kids</b>	<b>VBS</b>
<b>Please circle one of the above</b>		
<b>OFFICE USE ONLY</b>		