



Permission/Medical Release Form

We, the parent(s) or legal guardian of _____
Hereby give permission to my child to participate in church sponsored activities. I further acknowledge and certify I am the legal guardian or parent of the minor listed above.

I hereby release River Valley Church and its agents from any liability whatsoever arising from injury, damage or loss which may occur during a youth outing. I understand that my child will be riding in a privately owned vehicle on events requiring travel. The driver will be fully insured and licensed in the state of California.

To medical facility: Should an emergency occur, we authorize River Valley Church staff or volunteers to act on our behalf in seeking immediate medical care and/or to take my child by car or ambulance to any urgent care or emergency facility required for the well-being of my child. Prior to care being given, we understand that every reasonable effort will be made to contact us at the number listed below.

I further authorize River Valley Church staff or volunteers to contact me or my agent at the emergency numbers listed below.

Following is a list of allergies and/or medications:

Emergency Phone Number(s)

Parent/Guardian Signature

Date
