

**Lake City Community Church  
Parent Permission- Medical Release Form  
8810 Lawndale Ave SW  
Lakewood, WA 98498  
(253) 582-8040**

**This document is valid for non-overnight events from \_\_\_\_\_ to June 30, 2019**  
(Today's Date)

Check One     Middle School     High School     Other

**Student's Name** \_\_\_\_\_

**Birth Date** \_\_\_\_\_

**Address** \_\_\_\_\_

**Home Phone** \_\_\_\_\_ **Student Cell Phone** \_\_\_\_\_

**Print Parent/Legal Guardian Name** \_\_\_\_\_

**Work Phone** \_\_\_\_\_ **Cell Phone** \_\_\_\_\_

**Emergency Contact** (other than parent listed above) \_\_\_\_\_ **Phone** \_\_\_\_\_

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**Family Doctor** \_\_\_\_\_ **Phone** \_\_\_\_\_

**Insurance Company** \_\_\_\_\_ **If none, check** \_\_\_\_\_

**Insurance Policy # or Group #** \_\_\_\_\_

**Known Medical Conditions** \_\_\_\_\_

**Medications?** \_\_\_\_\_ **Allergies?** \_\_\_\_\_

**Other** \_\_\_\_\_

**Parent Release**

I, the undersigned, in consideration for the participation of my child in all Lake City Community Church Youth Activities, do hereby waive, release and forever discharge Lake City Community Church, their agents, employees and anyone else connected with approved activities from any and all harm resulting from injuries sustained as a result of my child's participation. I also grant the right to administer all medical services that may result from injuries during participation, including emergency and referral if necessary. If there is any reason that my student can not remain with any church event for disciplinary reasons, it will be at my expense to get my student home during said event.

\*\* During youth events, photos and videos of students are often times used for youth group/event promotional use only. Please make a request in writing to Caleb Heath if you would not like your child's photo or video released for LCCC promotional use.

\*\*My signature allows adult youth leaders permission to meet one-on-one with my child (if the same sex) for discipleship purposes in public places.

\*\*My signature allows adult youth leaders permission to provide transportation for my child to and from church sponsored activities. I must be contacted in order for my child to be transported if riding alone with one other youth leader of the same sex. Riding alone with one other youth leader of the opposite sex is not allowed.

\*\*Any prescribed medication needs to be listed above. The Student will be responsible for taking his/her own medication.

**Parent Signature** \_\_\_\_\_ **Date** \_\_\_\_\_