

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

June 23-July 1, 2018
High School
Mission Trip
(Travel to & from Lake
City Community
Church & Blackfeet
Indian Nation in MT)

High School Student (Summer 2018)

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** _____

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 this activity, do hereby waive, release and forever discharge Lake City Community Church, their agents, employees and anyone else connected with this activity from any and all harm resulting from injuries sustained as a result of my child's participation in this event. 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 our retreats, activities and other 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.

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

Student Signature _____ **Date** _____

Parent Signature _____ **Date** _____