



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

Sensational Summer of 7 takes place Wednesday nights July 11-August 15, 2018  
from 6-8 PM at Tyee Park Elementary & August 22, 2018 at Lake City Community  
Church. \*Sensational Summer of 7 is for kids entering grades 1st through 6th

Date(s) Child is Attending (please circle):

7/11      7/18      7/25      8/1      8/8      8/15      8/22

Participant Last Name \_\_\_\_\_ Participant First Name \_\_\_\_\_

Grade in Fall 2018 \_\_\_\_\_

Family Address \_\_\_\_\_

Parent Name \_\_\_\_\_ Parent Phone \_\_\_\_\_

Email for parent/guardian \_\_\_\_\_

Emergency Contact Name \_\_\_\_\_ (other than parent listed)

Emergency Contact 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 child 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 this event, photos and videos of children participating are often times used for promotional use only. Please make a request in writing to Nicole Oury if you would not like your child's photo or video released for LCCC Promotional use.

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

Child Signature \_\_\_\_\_ Date \_\_\_\_\_

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