

Word of Life International Church Parent Consent and Liability Release Form

Name: _____ Birthday: _____
 Address: _____
 Phone: _____
 City: _____ State: _____ Zip: _____

The undersigned does hereby give permission for our (my) child, _____ to attend and participate in activities sponsored by Word of Life International Church from January 1, 2018 through December 31, 2018.

The undersigned does hereby release, forever discharge and agree to hold harmless Word of Life International Church and the members and official board thereof from any and all liability, claims or demands for personal injury, sickness or death, as well as property damage and expenses, of any nature whatsoever which may be incurred by the undersigned and the child-participant that occur while said child is participating in activities sponsored by Word of Life International Church.

We (I) authorize an adult, in whose care the minor has been entrusted to consent to any X-ray examination, anesthetic, medical, surgical or dental diagnosis or treatment, and hospital care, to be rendered to the minor under the general or special supervision and on the advice of any physician or dentist licensed under the provisions of the Medical Practice Act or the medical staff of a licensed hospital, whether such diagnosis or treatment is rendered at the office of said physician or at said hospital.

The undersigned shall be liable and agree(s) to pay all costs and expenses incurred in connection with such medical and dental services rendered to the aforementioned child pursuant to this authorization.

Should it be necessary for our (my) child to return home due to medical reasons or otherwise, the undersigned shall assume all transportation costs.

The undersigned does also hereby give permission for our (my) child to ride in any vehicle designated by the adult in whose care the minor has been entrusted while attending and participating in activities sponsored by Word of Life International Church.

Hospital Insurance ___yes ___no	Participant's Signature
Insurance Company	Father's Signature
Policy Number:	Mother's Signature
Parent's Phone Number:	Legal Guardian's Signature
Emergency Phone Number:	

Note: If under 21, both parents must sign unless parents are separated or divorced in which case the custodial parent must sign.

On the reverse side of this page, please list any allergies or special medical problems your child may have.

_____ [Ministry Name]

Permission Form

I _____ give my permission for my child
(name of parent or legal guardian)

_____ to participate in the
(child's name)

_____ activity on _____.
(event location) (event date)

I understand that my child will be transported to and from this activity by private vehicle.

(Signature)

(Date)

Emergency Contact Information:

(Name)

(Phone number & Cell number)

(Relationship)

(Name)

(Phone number & Cell number)

(Relationship)

List any know allergies or medical conditions.

Will your child bring any emergency equipment such as an E-pipen shot or an inhaler?	<input type="checkbox"/> Yes or <input type="checkbox"/> No
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