

Is there medical or hospitalization insurance which provides benefits for this child? _____ If so, please indicate:

Name of Policy Holder _____

Name of Insurance Co. _____

Street Address _____

State _____ Zip _____ Phone _____

Insurance Policy Number _____

I understand that, in the event my child requires medical or dental treatment while engaged in an event or activity, reasonable efforts will be made to contact me; however, if I cannot be reached, I hereby consent and give my permission to the church's sponsor or any adult counselor acting on behalf of the ministry with respect to the event or activity, as agent for me, to consent to any hospital care and treatment advised and supervised by a physician, surgeon or dentist (as appropriate) licensed to practice under the laws of the state where the services are rendered, either as an outpatient or in any hospital. To the best of my knowledge, I have listed above all my child's medical allergies, medications being taken, medical problems and other pertinent information. My child has permission to participate in all activities except as noted by me.

I CERTIFY THAT I HAVE READ THIS DOCUMENT, AND I FULLY UNDERSTAND ITS CONTENT. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT AND I SIGN IT OF MY OWN FREE WILL.

Signature _____ Date _____
Parent or Guardian

Witness _____ Date _____