



**PARENTAL OR GUARDIAN PERMISSION AND MEDICAL RELEASE**

Activity \_\_\_\_\_ Date \_\_\_\_\_

Location \_\_\_\_\_

Participant \_\_\_\_\_ Date of birth \_\_\_\_\_ Home / Cell number \_\_\_\_\_

Participant's parent or guardian \_\_\_\_\_ Emergency number \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

I hereby release and discharge Frontline Bible Church and their adult youth advisors and volunteers for any damage, losses, or injuries to person or property which may be sustained while participating in these activities, and give permission for the above named minor to ride in any vehicle designated by the adult in whose care said minor has been entrusted. ■ I, the undersigned parent or legal guardian of said minor, authorize treatment and/or hospitalization as necessary in case of accident or illness of my child by a licensed medical physician. However, every attempt will be made to reach me by telephone prior to any treatment. ■ In the event that I cannot be reached in an emergency, I hereby give my permission to the licensed physician or dentist selected by the church leader to hospitalize, secure proper treatment and/or order an injection, anesthesia, or surgery for my child as deemed necessary. I agree to be laible and pay all costs and expenses incurred in such treatment.

Insurance company \_\_\_\_\_ Policy number \_\_\_\_\_

Additional - \_\_\_\_\_

Authorized signature \_\_\_\_\_ Date \_\_\_\_\_



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