

Permission Release Form

Name _____

Phone # () _____

Address _____

City and Zip _____

Grade _____ Age _____

I give permission for my above named child to join _____ (name of group) of North County Christ the King Community Church located at 1816 18th St. Lynden, WA; on the _____ (name of activity) at _____ (location) on _____ (dates). I understand that the group will be traveling by _____ (type of transportation). I hereby release North County Christ the King Community Church, its staff and sponsors, from responsibility and liability for any injury or illness that my child may sustain during this activity. In the event of an emergency, I hereby authorize an adult leader of this activity, as agent for me, to consent to any X-ray examinations medical, dental or surgical diagnosis; treatment; and hospital care 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 at a doctor's office or in any hospital. I expect to be contacted as soon as possible.

Signature of natural parent of legal guardian _____

Date _____ Emergency # _____

Pager, Cell phone or Alt. # _____

MEDICAL INFORMATION

Allergies _____

Medications being taken _____

Physical handicaps or limitations _____

Medical Insurance Company _____

Policy Number _____

Member's Name _____