

Parental Consent & Liability Release Form

Name _____ Age _____ Birthdate _____
Address _____ Phone _____
City _____ State _____ Zip Code _____
School _____ Grade in or just completed _____
Parent(s) work phone(s) _____
Emergency phone _____

To whom it may concern:

I (we) hereby give permission for the above-referenced child to attend and participate in activities/ youth trips sponsored by Royal Palm Christian Church. This form covers activities from September, 2009 thru August, 2010.

I (we) authorize an adult, in whose care the participant 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 participant under the general or special supervision and on the advice of any physician or dentist licensed under the provisions of the Medical Practice Act on the medical staff of a licensed hospital, whether such diagnosis or treatment is rendered at the office of said physician or at said hospital. I (we) shall be liable and agree to pay all costs and expenses incurred in connection with such medical and dental services rendered to the participant pursuant to this authorization.

Should it be necessary for the participant to return home due to medical reasons or otherwise, I (we) shall assume all transportation costs. I (we) do also hereby give permission for the participant to ride in any vehicle designated by the adult in whose care the participant has been entrusted while attending and participating in said trip or activity.

I (we) do hereby release, forever discharge and agree to hold harmless Royal Palm Christian Church and the directors thereof from any and all liability, claims or demand for personal injury, sickness or death, as well as property damage and expenses, of any nature whatsoever which may be incurred while said child is participating in the above-described trip or activity. I (we) further agree to hold harmless and indemnify said church, its directors, employees and agents, for any liability sustained by said church as the result of the negligent, willful or intentional acts of said participant, including expenses incurred attendant thereto.

Insurance Co. _____

Participant

Date

Policy Number _____

Parent / Guardian

Date

Physician _____

Parent / Guardian

Date

Physician's Phone _____

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

Allergies / Special Medical Problems

for
