

601 STUDENT MINISTRY YEARLY RELEASE

NAME _____

AGE/BIRTH DATE _____

ADDRESS _____

GRADE _____

IN CASE OF EMERGENCY, CONTACT:

CITY/STATE _____

NAME _____

ZIP _____

PHONE _____

To whom it may concern:

The undersigned does hereby give permission for our (my) child, _____
to attend and participate in activities sponsored by West Metro Community Church for the year _____

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 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.

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 West Metro Community Church.

Hospital Insurance [] Yes [] No

Insurance Company _____

Policy Number _____

(Participant)

(Parent/Legal Guardian)

(Date)

Please List Any MEDICATIONS your child takes:

Please List Any ALLERGIES your child has:
