

Word of Life Fellowship PARENTAL PERMISSION FORM

I, _____, give permission for my student, _____, to participate in all scheduled Word of Life Fellowship youth activities for the year beginning September 1, 2008 and ending August 31, 2009. In my capacity as parent/guardian of the above student, I hereby release, forever discharge, and agree to hold harmless Word of Life Fellowship and the directors thereof from any and all liability, claims, or demands for personal injury, sickness or death, as well as property damage and expenses, of any nature whatsoever that may be incurred by my student-participant while said student is participating in the above described activities.

Furthermore, I, on behalf of my student-participant, hereby assume all risk of personal injury, sickness, death, damage and expense as a result of participation in recreation and work activities involved therein.

Further, authorization and permission is hereby given to said church to furnish any necessary transportation, food, and lodging for this student.

The undersigned further hereby agree to hold harmless and indemnify Word of Life Fellowship, its directors, employees and agents, of any liability sustained by Word of Life Fellowship as the result of the negligent, willful or intentional acts of said participant, including expenses incurred attendant thereto.

I understand that if said student must be removed from the group for illness or disciplinary problems, I will be notified and will be responsible to either pick up the student or make arrangements for their immediate transportation home.

PARENT/GUARDIAN X: _____ DATE: _____

MEDICAL RELEASE

Name of Student: _____ Date of Birth: _____

Are you aware of any physical condition that could present a problem during youth activities? []Yes []No

If yes, please explain: _____

List any recent illness: _____

Is the student presently using any prescribed medications? []Yes []No

If yes, please explain: _____

Date of last Tetanus Shot: _____

Family Insurance Company: _____ Policy #: _____

I hereby give my consent for the youth leaders of Word of Life Fellowship to arrange for the performance of necessary emergency, medical, or surgical treatment on the above named student. I also give my permission to administer whatever anesthetic may be necessary or advisable during the medical or surgical procedure.

This authorization is intended to cover immunizations, injections, and minor operations and procedures. I understand that the youth leaders will attempt to contact us by phone before relying on this authorization. It is not intended that any medical or surgical treatment will be rendered the student without his/her personal consent.

PARENT/GUARDIAN X: _____ DATE: _____

ADDRESS: _____

HOME PHONE: () _____ WORK PHONE: () _____

CELL PHONE: () _____ ADDITIONAL PHONE: () _____