



Kirk of the Hills Presbyterian and/or Kirk Crossing On-Site Medical Release for Students

Activity: _____ Date: _____

I acknowledge there are certain inherent risks by allowing my child to participate in this event. I acknowledge that all risks cannot be prevented. Should my child require emergency medical treatment as a result of accident or illness arising during the event, IF I CANNOT BE REACHED, I consent to such treatment. I acknowledge that the Kirk does not provide health and accident insurance and I agree to be financially responsible for any medical bills incurred as a result of emergency medical treatment.

Child (ren)'s Names: _____ Date of Birth: _____

_____ Date of Birth: _____

_____ Date of Birth: _____

_____ Date of Birth: _____

Parent's Name: _____

Parent's Cell: _____

Parent's Signature: _____ Date: _____