

Peninsula Bible Church Willow Glen

Permission-Liability Release

Name of Student: _____

Address: _____

City State Zip: _____

Telephone#: _____ Age: _____

Parents' Names: _____ Work or cell #: _____

Parent Permission-Liability Release- Permission to Issue Medical Care:

I permit my child, _____ to participate in
_____ on _____

with Peninsula Bible Church Willow Glen. I understand and fully accept that accidents and injuries are possible. I hereby release and hold harmless Peninsula Bible Church Willow Glen, its officers and employees, and designated volunteer group leaders and chaperones, from all liability and from all actions or claims that I or my child now or hereafter have for any damage or injury to my child, or to any person or property, resulting from the negligence or other actions of any employees or agents in connection with my child's participation in this activity. In case of medical emergency, I hereby give permission to the group leader to order medical treatment, including needed tests and x-rays, for my child. Of course, I understand that an attempt will be made to reach me by telephone immediately after any injury and when the diagnosis is completed.

Known Allergies to Med: _____

Date of last Tetanus Shot: _____

Existing Med Insurance Co.: _____ Policy #: _____

Name of Primary Physician: _____ Tel. #: _____

Any other Health Problems/Limitations we should know _____

Parent Signature: _____ Date: _____

Emergency #: _____