

PERMISSION AND MEDICAL RELEASE FORM

Participant name: _____

Birth date: _____ Age: _____

Home address: _____

Name of parent(s)/guardian(s): _____

Home phone: (____) _____ Work phone: (____) _____

Emergency contact in the event we cannot reach parent(s)/guardian(s):

Name	Relation	Phone

Health plan carrier: _____ Policy #: _____

Family doctor: Drs: _____ Office phone #: _____

Family dentist: _____ Office phone #: _____

List any known allergies:

List any known medical conditions:

Special care instructions:

I hereby give my permission for my child to participate in all activities connected with Children’s and Youth Ministries of Joy Christian Center, St. Cloud, MN. I hereby release Joy Christian Center, their staff and chaperones from any responsibility of injury to my child while attending or being transported to and from activities. I further authorize medical professionals to administer emergency assistance if I cannot be reached to give such authorization. This form will expire when my child turns 18 years old.

Parent/Guardian Signature

Date

Notary Signature

Date

Notary Seal:

Parents/Guardians: This form will be sent to you for review on a yearly basis for any changes.