



PERMISSION TO ATTEND ACTIVITIES & RECEIVE MEDICAL TREATMENT

I, the undersigned, am the parent/guardian of_____. I give consent for him/her to participate in Youth Activities coordinated by Free in Christ Ministries, such (swimming, running, etc) . In the event of an injury arising while attending a mission trip activity, on or off the church grounds, I give permission for the Ministry staff or volunteer adult staff or chaperons, to secure medical treatment (including surgery) for my child by qualified medical personnel, including licensed physicians and certified emergency medical technicians.

I, the undersigned, do hereby verify that the above information is correct, and I do hereby release and discharge Free in Christ Ministries and chaperons from any and all claims, demands, actions or cause of actions, past, present, or future arising out of any damages or injury while participating in our Youth Ministry Programs.

Signature:_____

Date:_____

Emergency Phone
Numbers:_____

Insurance Company:_____ Policy
No._____

Family Physician:_____

Physician Phone:_____