

Kenly Original Free Will Baptist Church

Parent Release Form

Child Name: _____

Address, City, State, and Zip _____

Home Phone: _____ Age: _____ Birth date (Mo/Day/Yr): ____/____/____

I, _____, hereby give my consent as the parent/guardian

of _____, for his/her involvement in the **Kenly OFWB Youth Activities for June 1, 2017 through May 31, 2018**. Kenly OFWB Church Staff and adult chaperones will provide supervision. Transportation may be provided by church van or chaperone personal vehicle.

I understand that my son or daughter once on trip will **NOT** be allowed to leave unless by a parent or legal guardian unless written prior permission given to youth leader.

It is understood that all possible caution will be taken by those persons in charge to prevent injuries, but neither the chaperones nor the church will be held responsible in case of accident.

I hereby authorize any adult representative of the Kenly OFWB to consent to any medical treatment of above named child, which in the judgment of a recognized medical facility, under the general or special supervision of a licensed physician, may be deemed necessary.

Phone #(s) to reach parent/guardian in an emergency:

Allergies: _____ Medications: _____

Health Insurance Company: _____

Policy #: _____

Family Physician: _____

Physician Phone: _____

I also understand that if the behavior of my child causes any disruption in the planned activity, I will be called at once to come and pick up my child immediately.

Signed: _____ Date: _____

Parent/Guardian