2012
Youth Liability and Medical Release Form
The Church at Creek's End

I/We the parents of _____ do hereby give permission for my/our child to attend and participate in activities sponsored by or attended with The Church at Creek's End for the year 2012. I/We also forever discharge and agree to hold harmless The Church at Creek's End, the ministers, the sponsors, and volunteers of The Church at Creek's End from any and all liability, claims, or demands for personal injury, sickness or death, as well as property damage and expenses, of any nature whatsoever which may be incurred by the undersigned and the child-participant that occur while the said child is participating in church activities during the year 2012.

I/We further authorize the Youth Minister, or any sponsor in whose care the minor has been entrusted to consent to any X-ray examination, anesthetic, medical, surgical, or dental diagnosis or treatment, and hospital care, to be rendered to the minor under general or special supervision and on the advice of any physician or dentist licensed under the provisions of the Medical Practice Act or the medical staff of a licensed hospital, whether such diagnosis or treatment is rendered at the office of said physician or at said hospital.

The undersigned shall be liable and agrees to pay all costs and expenses incurred in connection with such medical and dental services rendered to the aforementioned child pursuant to this authorization.

Should it become necessary for my/our child to return home due to medical reasons, discipline problems, or other reasons, I/We shall assume all transportation costs.

The undersigned does also herby release The Church at Creek's End and any and all traveling companions or agents for the children's trip from any liability for any loss or injury while en route, during, and returning from the event.

Child Information

Name_____ D.O.B. _____

Grade in School _____

Parent/Guardian Name _____

Address _____

City _____ Zip Code _____

Phone Number _____

Parent Business phone number _____

Parent Cell phone number _____

Person to contact in case parent can't be reached:

Name _____

Phone Number _____

Medical Information:

Insurance Company
_____

Policy Number – Group Number
_____

Allergies to Medicine
_____
_____

Other Allergies _____
_____

Is child currently taking any medication (please list)?
_____

Is there any medical problem of which we should be aware? _____
_____
_____

_____
Parent/Guardian Signature

_____
Date