

Faith Family Church Frontline Ministry

Permission to Participate, Authorization for Transportation and Medical Treatment, and Photo Release

PLEASE PRINT PLEASE PRINT PLEASE PRINT PLEASE PRINT

Student's full name	Date of Birth	2009-2010 Grade
Mailing Address: Street or PO Box, City, Zip		
Student's cell phone number: (_____) _____		
<input type="checkbox"/> My student may receive notices by text message; the carrier (AT&T, Verizon, etc.) is : _____		
<input type="checkbox"/> No text messages please		
<input type="checkbox"/> My student may receive notices by email; Student's email address:		
Parent/Guardian Name(s)		
Home phone (_____) _____	Work phone (_____) _____	
Parent(s) cell phone number: (_____) _____ ; (_____) _____		
<input type="checkbox"/> I want to receive notices by text message; Parent(s) cell phone carrier: _____		
<input type="checkbox"/> No text messages please		
<input type="checkbox"/> I want to receive notices by email; Parent(s) email address(es):		
Other emergency contact name	Phone	
Allergies		
Medications being taken		
Date of last tetanus shot		
Restrictions on participation		
Other pertinent facts of which physician should be alerted		
Family Doctor	Family Doctor phone #	
Insurance Company	Policy #	

I give permission for my child to attend and participate in any event or function taking place between August 1, 2009, and September 1, 2010, that is sponsored and endorsed by the Frontline Ministry at Faith Family Church. This involves permission to participate in all events and a release of all claims and authorization for medical treatment. I hereby assume all risks and hazards incidental to such participation including transportation to and from the activities. I hereby release and agree to hold harmless, Faith Family Church, together with its agents and employees from all actions, causes of actions, damages, claims or demands which I, my heirs, executors, administrators or assigns may have against Faith Family Church for all personal injuries, loss or damage, known or unknown, which my child may incur by participating in events.

In the event of an emergency occurring while my son/daughter is on a church sponsored trip, I hereby grant permission to the church and/or its representatives to take whatever action is deemed necessary. In the event I cannot be reached, I hereby authorize the church and/or representatives to give consent for my son/daughter to receive medical treatment.

I, the undersigned, have read this release and understand all its terms. I execute it voluntarily and with knowledge of its significance. The undersigned further agrees to assume full financial responsibility for any and all charges incurred, specifically including ambulance, doctor, hospital or medication.

By initialing _____, I give permission for pictures of Frontline activities that may include my child to be published on the church website or other church publications. Children will not be identified by name.

Signature of Parent/Guardian: _____

Date _____