



LifeSong Community Church
P.O. BOX 7119. JUPITER, FLORIDA 33468-7119



**PERMISSION GRANT/EMERGENCY MEDICAL RELEASE AUTHORIZATION
 (ALL CHILDREN UNDER 18)**

(If Applicable) I give consent for the child below to attend _____ during the dates of _____. I also give consent for the group leader(s) named below and or qualified medical personal to act on my behalf in securing and administering necessary emergency medical care treatment for:

PLEASE TYPE OR PRINT NEATLY

Child's Full Legal Name (include middle): _____ Age: _____

Social Security Number: _____ - _____ - _____ Date of Birth: _____ Grade: _____

Group Leader(s): _____

Name of Parents or Legal Guardians: _____ Relationship: _____

Address: _____ City: _____, Florida Zip Code: _____

Phone Numbers where I may be reached: Home _____ ; Work _____ ; Cell _____

Signature of Parent or Legal Guardian: _____
 (Sign in accompaniment of Notary)

INSURANCE AND MEDICAL INFORMATION

Insurance Company (I.C.) : _____ Policy #: _____

I.C. Address: _____ I.C. Phone # _____ Insurer's Social Security # _____ - _____ - _____

Parents/Guardian's Employer: _____ Parent's/Guardian's Work Address _____

Child's Allergies: _____ Last Tetanus or DPT.: _____

Medications/Medical History: _____
 (This form stays in the possession of the trip leader at all times. Your personal information will not be shared with anyone other than medical staff.)

RELEASE OF LIABILITY

I hereby acknowledge that during the activity my child, _____, will be participating under the arrangements of the LifeSong Community Church, its officers, agents, servants, etc., collectively referred to as LCC, certain risks and dangers, inherent or otherwise, may occur, including, but not limited to accident or illness.

In consideration of, and as part payment for, the right to participate in the activity, I have and do hereby assume all risks on behalf of the above named youth. I will hold the LCC harmless from any and all causes of actions, debts, claims, demands, damages, judgment executions, cost, loss of services, expenses, compensation and any and all other claims of damages whatsoever, including, but not limited to, those arising from accommodations, any acts or omissions of the LCC, or any other person in connection with the LCC.

Signature of Parent or Guardian: _____
 (Sign in accompaniment of Notary)

STATE OF FLORIDA / COUNTY OF PALM BEACH

The Foregoing instrument was acknowledged before me this _____ day of _____, year _____.

by _____ Personally Known _____ Produced Identification _____
 (check one)

Type of ID _____

NOTARY SIGNATURE

NOTARY STAMP

THIS DOCUMENT IS VALID FOR ONE YEAR FROM NOTARIZED DATE