

Peninsula Christian Fellowship
3114 45th St. Ct. NW
Gig Harbor, WA 98335

PERMISSION/RELEASE FORM

STUDENTS NAME _____ PHONE _____

ADDRESS CITY, ZIP _____

I give permission for my above-named child to participate in PCF activities for the calendar year of 2010.

Understanding that all safety precautions will be taken I hereby release Peninsula Christian Fellowship, its staff, volunteers and sponsors, from responsibility and liability for any injury or illness that my child may sustain during this activity.

EMERGENCY MEDICAL TREATMENT: In the event of an emergency, I give permission to transport my child to a hospital for medical treatment. I wish to be advised prior to any further treatment by a doctor or hospital and to be contacted as soon as is reasonably possible.

SIGNATURE OF NATURAL PARENT OR LEGAL GUARDIAN _____
DATE _____

EMERGENCY PHONE NUMBER(S) AND OTHER CONTACTS: _____

MEDICAL INFORMATION (REQUIRED)

ALLERGIES

MEDICATIONS BEING TAKEN

PHYSICAL HANDICAPS OR LIMITATIONS

MEDICAL INSURANCE COMPANY*

POLICY NUMBER _____

MEMBER'S NAME _____

*If none, please initial here that any expenses incurred will be your responsibility