

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