

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

PERMISSION/RELEASE FORM

NAME _____ PHONE _____

ADDRESS _____ CITY, ZIP _____

I give permission for my above-named child to participate in PCF activities for the calendar year of 20____.

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. In the event of an emergency, I hereby authorize an adult leader of this activity, as agent for me, to consent to an X-ray examination; medical, dental or surgical diagnosis; treatment; and hospital care advised and supervised by a physician, surgeon or dentist (as appropriate) licensed to practice under the laws of the state or country where the services are rendered, either at a doctor's office or in any hospital. I expect to be contacted as soon as is reasonably possible.

SIGNATURE OF NATURAL PARENT

OR LEGAL GUARDIAN _____ DATE _____

EMERGENCY PHONE NUMBER(S) _____

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 _____