

**Praise Christian Fellowship
Lifeline Youth Ministries**

PARENTAL PERMISSION AND MEDICAL RELEASE FORM

Event Name:

Place:

Date:

Participant Name:

Birth date:

I give permission for my child to attend the Praise Christian Fellowship (PCF) Lifeline event listed above. I further give permission for my child to be transported to and from the event by hired and/or volunteer drivers authorized by PCF.

Medical Release

I authorize the medical and/or dental treatment of my child by a qualified and licensed medical doctor in the event of a medical emergency which, in the opinion of the attending physician, may endanger his or her life, cause disfigurement, physical impairment or undue discomfort if delayed. This authority is granted only after a reasonable effort has been made to reach me.

Custody Release

I further authorize the Director(s) of Lifeline or a designated adult representative of PCF to receive physical custody of my child upon completion of any treatment, and I specifically instruct any treating health facility to surrender physical custody of my child to said adult.

Activity Release

I further give permission for my child to participate in all supervised activities except as noted below:

Signature of Parent/Legal Guardian

Printed Name of Parent/Guardian

Date

****NOTE: If changes have been made to your health care plan(s), please update that information below. If not check here.**

Health Care Information

Physician

Dentist

Name

Name

Phone

Phone

Medical Insurance Company

Dental Insurance Company

Policy Group Number

Policy Group Number

Name of Policy Holder

Name of Policy Holder

Medical Conditions/Medications/Allergies: