

HARVEST CHRISTIAN FELLOWSHIP Medical Release/Permission Slip

Family's Last Name: _____

Address: _____

Parent name & Phone: _____ Text Ok? Y N

Parent name & Phone: _____ Text Ok? Y N

Family Fee (\$30)	# of Quiet Time Books (Olympians \$30 per book) _____	Total Paid (\$ _____)
	# of Quiet Time Books (OneWay \$25 per book) _____	Cash Or Check _____

Child's Name: _____ Child's Birthdate: _____ Child's Grade: _____ Age: _____

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Teen's Email (Teen) _____ / _____

Parents' 1st Email _____ Parents' 2nd Email _____

Family's Home Church: _____

- I, _____, as parent/guardian, hereby give permission for my children/child listed above to participate in the activities of the WORD OF LIFE Program at Harvest Christian Fellowship. I understand that my child will take part in physical activities such as those held during Game Time. As with any physical activity, there is a risk of injury. I fully accept this risk and hold harmless from any legal liability Harvest Christian Fellowship and any persons involved in the WORD OF LIFE Program.
- In the event of an emergency that requires medical treatment for the above-named child, I understand that every effort will be made to contact me. However, if I cannot be reached, I give permission to the WORD OF LIFE Program volunteers to secure the services of a licensed physician to provide the care necessary for my child's well-being. I assume responsibility for all cost connected to any accident or treatment of my child.
- I grant permission for my child's photo to be used for church use (bulletin boards, newsletters, bulletin inserts, slideshows, social media, videos and our website.)**

4. Medical and Contact Information

Family Physician: _____ Phone: _____

Do your children have any of the following, which we should be aware of? (Please specify child - use back if needed)

Allergies; Chronic Illnesses; Learning Challenges; Other Please specify: _____

Physical limitations or any other conditions we need to be aware of Yes No. Please specify: _____

Emergency Contact:

Name: _____ Relationship to Children: _____ Phone: _____

Name: _____ Relationship to Children: _____ Phone: _____

Upon providing proper identification, my children have permission to be released to:

Name: _____

I have read and agree to the Terms and Conditions stated above.

Parent/Guardian Signature

Date