

Parent Permission Form & Medical Release

Updated January 2021
For Use Exclusively by DeWitt E-Free Church

This form expires at the end of the _____ year.

Child Information

First Name: _____ Last Name: _____

Gender: *Male / Female* Age: _____ Grade: _____

Birthday: _____ Email: _____

Address: _____

Home Phone: _____ Cell Phone: _____

Medical Information

Insurance Company: _____

Group # _____ ID# _____

The following allergies/medications/medical issues should be made known to DeWitt E-Free Leaders, volunteers, and medical treatment providers:

Parent Contact Information

First Name: _____ Last Name: _____

Address: _____

Primary Phone: _____ Secondary Phone: _____

Permission/Authorization

I authorize all adult leaders and volunteers assisting in church activities or events to take any reasonable action to protect my child's safety, health and welfare. In case of a medical emergency, I authorize DeWitt E-Free Church (DEFC) adult leaders and volunteers to administer first aid treatment and, if necessary, obtain medical treatment by the nearest medical care provider. I also authorize DEFC adult leaders and volunteers obtaining such medical treatment to give, on my behalf, any written consent for such medical treatment that is customarily required by the medical provider, including written consent that releases the medical provider from liability.

I understand that my child is expected to behave in a respectful manner toward other group members as well as any persons they may encounter during activities/events with DeWitt E-Free Church. I understand that my child is expected to obey all directions given by the adult leader/volunteers. I understand that their failure to do so may result in me needing to pick up my child from an event.

I am the parent or legal guardian of the above named minor. He/she has my permission to participate in Children's Ministry events and activities through DeWitt E-Free Church through the date listed at the top of this form.

Signature: _____ Date: _____

