

Sample Emergency Release and Permission Form

(Name of Church or Ministry)

Emergency Release/Permission Form

Name: _____ Birth Date: _____ Grade: _____

Student Social Security Number: _____

Parent/Guardian Name(s): _____

Church: _____ District: _____

Address: _____ Zip _____

Email: (parents) _____ (student) _____

Phone: (home) _____ (work) _____

Others: _____

In case we cannot reach you whom should we call next:

Name: _____ Phone: _____

Name: _____ Phone: _____

Insurance Company and Policy # _____

Special Medical Information _____

I give (Participant's Name) my permission to go and participate with (Church/Ministry Name) on their trip to (Activity/Retreat Name & Date). I fully understand the dangers and risks involved in the activities that my child will be participating in and will assume all Responsibility of injury in connection with them, releasing and discharging (Church/Ministry Name, Lead Person in Charge Name), and the Counselors/Sponsors involved with this trip, of responsibility. In case of emergency, I hereby give permission to the physician selected by the leaders to hospitalize, secure proper treatment for, and to order injection, anesthesia, or surgery for my child, as named above, if I cannot be immediately reached guaranteeing payment of such treatment.

Signature of Parent or Guardian: _____

Today's Date: _____

(I normally leave the Participant's Name and Activity Name and Date blank so that parents or guardians are writing this information)