

PARENTS CONSENT FORM
E-Free Church – Gaylord Campus

If you wish for your son or daughter to participate in this event, please fill out this form completely.

STUDENT'S NAME _____ GRADE _____ AGE _____

ADDRESS _____ PHONE _____

CITY _____ STATE _____ ZIP _____

I, the undersigned, do give permission for my child, named above, to participate in the activities sponsored by the E-Free Church – Gaylord Campus on the date of _____. I understand the costs (if any) associated with these activities and agree to pay them. I also give permission for the E-Free Church – Gaylord Campus to use my son or daughter's picture on their webpage/Facebook page and publications from the church.

In the event that my child becomes ill or injured, I authorize the sponsors of their designees to take the following steps:

1. Contact a parent and follow his/her instructions
Home phone: _____
If not at home, we can be reached at the following number: _____
2. If we cannot be reached, the person designated below should be called on our behalf:
NAME _____ PHONE _____
RELATIONSHIP TO CHILD _____
3. If the above contracts cannot be made, I authorize treatment from the nearest available physician and/or hospital.
Medical Information:
Allergies to medication _____
Current medications _____
Know medical conditions _____

Medical/Hospitalization Information:

Name of Insurance _____
Policy Holder _____
Policy Number _____

Is there any further information that we should know about which might limit your child's participation in this event?

Physical limitations, Allergies, Other? _____

DATE _____ PARENT'S SIGNATURE _____