

Permission/Liability/Medical Release Form

Parents and guardians please complete, sign and return to the contact person listed below.

Event: _____
Date of Event: _____
Name of Parent/Guardian: _____
Name of Participating Child: _____
Parent/Guardian phone numbers in case of emergency: _____
Contact Person:

I give permission for my son, listed above, to participate in _____(event).
Adult chaperones are active members from Xenos Fellowship and act in a volunteer capacity.

I understand that in spite of the best and focused efforts of the volunteer adult chaperones to provide a safe and healthy environment for my child, circumstances may arise leading to unintentional injury or losses on the part of our child. I release Xenos Christian Fellowship and their agents from all claims and expenses arising out of, or resulting from, my child's participation during this event.

I give permission for any medical personnel to render necessary emergency medical care for my child if I can't be reached or if my child needs immediate medical attention.

Signature of parent or guardian

Date

Printed name of parent or guardian

Please list all medications your child takes and any allergies. (Use back side if necessary)
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Please list your child's medical conditions, if any. (Use back side if necessary)
