

Consent for Travel and/or Medical Care

Release of Liability

This form is to be in effect from **January 10, 2018** to **May 9, 2018**

As the parent or guardian of: _____ Grade: _____
1. _____
2. _____
3. _____
4. _____

I hereby grant my permission for my child to **participate** in scheduled, and sponsored activities of the Wayside Chapel Evangelical Free Church, and I further authorize the person(s) in charge of the activity to **provide travel** to and from the activity and to **secure reasonable medical care**, for my child should such person(s) believe it necessary to do so, without receiving prior permission from me. I hereby **release** all persons in charge of or in attendance at the sponsored activities, as well as Wayside Chapel E.F.C., its elders, pastors, staff and volunteers, from any liability arising out of any injury/illness to my child occurring while going to, participating in, or returning from such sponsored activity.

Special medical and other considerations/treatments or dietary needs which my child may have or require are as follows:

1. _____
2. _____
3. _____

Medications or other needs:

1. _____
2. _____
3. _____

In the event of an emergency, contact:

1. _____ phone: _____ phone: _____
2. _____ phone: _____ phone: _____

Signature of Parent/Guardian: _____ date: _____

Insurance information:

Subscriber and ID: _____

Carrier: _____

Policy: _____

Other pertinent information may be written on the reverse side of this form.