

**Freedom Christian Center**  
**Permission/Medical Release Form for Activities with Minors**

**Participant Info:**

Full Name: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Phone: (\_\_\_\_) \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Emergency Contact Info:**

Name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_  
Relationship to minor: \_\_\_\_\_  
Name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_  
Relationship to minor: \_\_\_\_\_

**Medical Info:**

List any injury or illness the participant is presently being treated for and method of treatment: \_\_\_\_\_

List any allergies, special dietary needs or physical disabilities of the participant: \_\_\_\_\_

Medical Insurance Co.: \_\_\_\_\_ Policy #: \_\_\_\_\_  
Primary Care Physician: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_  
Pertinent Medical Notes: \_\_\_\_\_

**Release:**

I agree, by my signature below, that Freedom Christian Center (FCC) shall not be liable for damages in the event of injury, illness, accident, loss or casualty of any person, by any cause whatsoever. I understand that there is no Worker's Compensation or Accident Insurance furnished by FCC. I release FCC, its employees and all FCC representatives of any liability.

I release \_\_\_\_\_ (participant's name) to travel with FCC and to participate with FCC activities for the whole of 2019.

I understand that in the event that I or my child require medical treatment that reasonable efforts will be made to contact guardians, however if they cannot be reached, I hereby give consent for the ministry's sponsor to act as agent for me. I hereby give consent and permission for medical or dental treatment to be administered to myself or my child by a licensed practitioner under the laws where services are rendered.

**This form MUST be signed in the presence of a notary.**

Parent/Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Notary Witness:**

Signature of Witness: \_\_\_\_\_ Date: \_\_\_\_\_