

2009-10 PERMISSION AND RELEASE FORM

Student Information:

Name _____ Goes By _____ Grade _____ DOB _____

Address _____ City _____ Zip _____

Home Phone _____ Cell Phone _____

Emergency Contact Information:

Emergency Contact _____ Relationship _____ Home Phone _____

Cell Phone _____ Work Phone _____ Other _____

Alternate Emergency Contact Person: _____ Relationship _____

Home Phone _____ Cell Phone _____ Work Phone _____

I (circle one: parent/guardian) _____ give permission for my child (name) _____ to take part in all Christ Church of Plano, Inc. Youth Ministry events and activities for the 2009-2010 school year including the summer of 2010. I give permission for my child to travel to and from Youth Events in chartered buses, church vans or private vehicles. Also, I hereby release Christ Church of Plano, Inc. and its staff from responsibility and liability for any injury or illness that my child may sustain during these activities. In an event of an emergency, I hereby authorize the adult supervisor of this activity as agent for me to consent to any medical, dental, surgical, treatment and care deemed necessary by a licensed medical or dental professional. I consent to any x-ray examination, anesthetic, medical, dental or surgical diagnosis or treatment and hospital care under the general or special supervision and upon the advice of or to be rendered by a physician, dentist and/or surgeon licensed under the Medical Practice Act and Dental Practice Act for my child. I expect to be notified as soon as possible. I further agree to pay all charges for the medical, dental or hospital care or treatment.

Parent's/Guardian's Signature: _____

Date: _____

Please submit a photocopy of the front and back and your student's medical insurance card with this form.

