

Parent Release Form

_____ has my permission to ride with and participate in any Gospel Lighthouse Church related activity on the date signed below. I give my consent for my son/daughter to ride in transportation provided by the director of the activity. Should the need arise, I hereby authorize and give consent for medical, and/or surgical, treatment as may be needed in judgment of the treating physician for my son/daughter. I also give the director of this activity the freedom and authorization to select the proper physician. I do hereby hold harmless Gospel Lighthouse Church and its representatives, both individually and collectively, from claims arising out of any accident that might occur. As a parent or guardian, I hereby authorize and request any hospital emergency staffed physician to administer any needed treatment and to do any procedure, which in their judgment may be necessary.

Medical Insurance Coverage with: _____

Policy Holder: _____

Policy Number: _____

Allergies of Son/Daughter: _____

In Case of Emergency Contact: _____

Phone: _____

(Date)

(Parent/Guardian Signature)