

The North Church Parent Release Form

parent or guardian first name

last name

address

apt. #

city

state

zip

home phone

cell/alternate number

name of your subdivision or complex (if applicable)

child's name (first and last)

child's relationship to you

age

birthday

Activity/Event: _____

Does your child listed above have allergic reactions to any medication? If so, please list the medications to which they are allergic.

I hereby give my permission for my child listed above to attend **ANY/ALL OFFSITE VERTICAL STUDENT MINISTRIES FUNCTIONS** with Tim and Tracy Bartholomew, Vertical's Adult Youth Staff, and The North Church from **January 1, 2011 to December 31, 2011**. My student will be under adult supervision at all times. I understand that this may include transportation provided by staff when an activity makes this necessary. I understand the commitment of time and character that is being asked of my child and will support their involvement. I further understand that in signing this permission slip, I release and hold harmless The North Church, its trustees, officers, employees, any volunteers and the facilities being visited from any liability resulting from any accident that may occur, fully and completely. I authorize the executive staff or designated medical professionals to administer emergency medical assistance, if according to their judgment, if it is needed.

Parent or guardian's signature

date
