

Liability & Medical Release Form

This is to certify that my child/children, has my permission to participate in the **Sunday Kidz Church event of _____**. I agree to release Helena Valley Faith Center, its representatives and officers from any blame or liability should an accident of illness befall my child or children.

Name _____ Age _____ Date of Birth _____

Name _____ Age _____ Date of Birth _____

Name _____ Age _____ Date of Birth _____

Name _____ Age _____ Date of Birth _____

Address _____ City/State/Zip _____

Father's Name & Phone Number _____

Mothers' Name & Phone Number _____

Emergency Contact Name & Phone Number _____

Physician's Name, Address, & Phone Number _____

List any medication or treatment **that should not be given** to your child/children

Permission for Emergency Medical Treatment

In the event that my child/children becomes ill or sustains injury while under the care of or under the supervision of Helena Valley Faith Center or any of its officers or leaders; they are given permission to administer first aid for my child/children's relief. If it is not practical to return my child/children to me or to receive my instruction for my child/children's care, consent is hereby given to secure the administration of medical treatment or medication. I hereby agree to reimburse Helena Valley Faith Center or the leader for any expense incurred in the care of my child/children should any type of medical treatment be necessary. This would include, but is not limited to, hospitals, doctors, ambulances, etc.

Date _____ Signature of Parent/Guardian _____

Relationship to child(ren) _____