

Desperation Students Release Waiver

JANUARY 1, 2019– DECEMBER 31, 2019

PERMISSION/MEDICAL RELEASE FOR

NAME _____ PHONE _____

ADDRESS _____ CITY _____

ZIP _____ BIRTH DATE ___/___/___ SCHOOL _____

GRADE _____ (COMPLETED IN SPRING_2018) _____ (START IN FALL 2018)

PARENT/GUARDIAN'S NAME _____

VISITOR? WHO INVITED YOU? _____

I GIVE PERMISSION FOR MY CHILD TO JOIN THE STUDENT MINISTRY OF **DESPERATION CHURCH** IN ANY OF THE ACTIVITIES OR TRIPS SPONSORED BY THE CHURCH, ITS STAFF AND SPONSORS. I HEREBY RELEASE THEM FROM RESPONSIBILITY AND LIABILITY FOR ANY ILLNESS OR INJURY THAT MY CHILD MAY SUSTAIN DURING THIS ACTIVITY. IN THE EVENT OF AN EMERGENCY, I HEREBY AUTHORIZE AN ADULT LEADER OF THIS ACTIVITY AS AGENT FOR ME, TO CONSENT TO ANY X-RAY EXAMINATION, MEDICAL, DENTAL, OR SURGICAL DIAGNOSIS, TREATMENT, AND HOSPITAL CARE ADVISED AND SUPERVISED BY A PHYSICIAN, SURGEON, DENTIST (AS APPROPRIATE), LICENSED TO PRACTICE UNDER THE LAWS OF THE STATE WHERE SERVICES ARE RENDERED, EITHER AT A DOCTOR'S OFFICE OR IN ANY HOSPITAL. I EXPECT TO BE CONTACTED AS SOON AS POSSIBLE.

THIS DOCUMENT WILL BE VALID AND IN FULL EFFECT FROM January 1, 2019 – December 31, 2019

DATE: Mo/DAY/YR PARENT'S SIGNATURE

EMERGENCY PHONE NUMBERS:

1. _____

2. _____

MEDICAL INFORMATION: (REQUIRED FOR ALL ACTIVITIES)

ALLERGIES _____

