

# Christian Life Center

1744 Oak Street, Paso Robles, CA 93446 Phone (805) 238-3366

## PERMISSION - RELEASE FORM

NAME \_\_\_\_\_ PHONE NUMBER \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY & ZIP \_\_\_\_\_

SCHOOL \_\_\_\_\_ GRADE/YEAR \_\_\_\_\_

\_\_\_\_ NEW FRIEND, INVITED BY \_\_\_\_\_

I give permission for my above-named child to join the (1) of Christian Life Center on the (2) at/to (3) on (4). I understand that the group will be traveling (5). I also understand that the cost of (6) includes (7). This cost does not include (8) (9). I hereby release Christian Life Center, its staff and sponsors, from responsibility and liability for any injury or illness 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 or dentist (as appropriate) licensed to practice under the laws of the state where the services are rendered, either at a doctor's office or in any hospital. I expect to be contacted as soon as possible.

Signature of Natural Parent or Legal Guardian \_\_\_\_\_

Date \_\_\_\_\_ Emergency Phone Number \_\_\_\_\_

### MEDICAL INFORMATION (Required for Overnights)

ALLERGIES \_\_\_\_\_

MEDICATIONS BEING TAKE \_\_\_\_\_

PHYSICAL HANDICAPS OR LIMITATIONS \_\_\_\_\_

MEDICAL INSURANCE COMPANY \_\_\_\_\_

POLICY NUMBER \_\_\_\_\_ MEMBER'S NAME \_\_\_\_\_

### **TO BE COMPLETED BY ACTIVITY PLANNER:**

1) Name of Group: CLC Youth Ministries

2) Name of Activity: \_\_\_\_\_

3) Location (Place): \_\_\_\_\_

4) Dates and Time: \_\_\_\_\_

5) Transportation: Bus: \_\_\_\_\_ Van: \_\_\_\_\_ Car: \_\_\_\_\_

6) Cost: \$ \_\_\_\_\_ Cash: \_\_\_\_\_ Check: \_\_\_\_\_ Payable to: C.L.C.

7) Included in Cost: \_\_\_\_\_

8) Not included in Cost: \_\_\_\_\_

9) Special Instruction: \_\_\_\_\_

\_\_\_\_\_