

2017-2018
Wausau Bible Church
Parent/ Guardian Consent / Release Form

Name _____ Grade _____ Birth Date _____

Name _____ Grade _____ Birth Date _____

Name _____ Grade _____ Birth Date _____

Name _____ Grade _____ Birth Date _____

Name _____ Grade _____ Birth Date _____

Address _____ Phone _____

City, State, Zip _____

Schools _____

To Whom It May Concern:

The undersigned does hereby give permission for the children listed above to attend and participate in activities sponsored by Wausau Bible Church, as well as receive necessary transportation by Wausau Bible Church, from September 1, 2017 – August 31, 2018.

We (I) permit my child/children to be included in Wausau Bible Church promotional material.

We (I) authorize an adult, in whose care the minor has been entrusted, to consent to any x-ray, anesthetic, medical, surgical or dental diagnosis or treatment, and/or hospital care, to be rendered to the minor under the general or special supervision and on the advice of any physician or dentist licensed under the provisions of the Medical Practice Act on the medical staff of a licensed hospital, whether such diagnosis or treatment is rendered at the office of said physician or at said hospital.

The undersigned shall be liable and agree(s) to pay all costs and expenses incurred in connection with such medical and dental services rendered to the aforementioned child/children pursuant to this authorization.

Should it be necessary for our (my) child/children to return home due to medical reasons or otherwise, the undersigned shall assume all transportation responsibilities.

The undersigned also release the Wausau Bible Church and its representatives, employees, and volunteers (collectively “the workers”) and agree to hold the Church and its workers harmless from any and all claims and damages which we now or in the future may have arising from the involvement of the children above in the Church’s activity and/or trip.

I have read the Wausau Bible Church Child Discipline Policy and agree to adhere to its principles.

Hospital Insurance <input type="checkbox"/> yes <input type="checkbox"/> no	_____	_____	_____
	Father’s signature	Date	Print Name
Insurance Company _____	_____	_____	_____
	Mother’s signature	Date	Print name
Policy Number _____	_____	_____	_____
	Legal Guardian’s signature	Date	Print Name
	E-mail Address _____		

Emergency Phone Numbers (and name) _____
Please list below any allergies or special medical problems your child may have. Thank you.