

Family Ministries Event Permission Slip

A parent or guardian must complete one form for each youth or child participant. PLEASE PRINT! Thanks☺

I hereby give permission for (name of youth/child) _____

to attend (name of event) _____

on (date of event) _____ with Kempsville Presbyterian Church (KPC) and its staff and volunteers.

I will be financially responsible for any property damage caused by the above youth/child during the event. I release and waive any right to sue. I also agree to defend and indemnify KPC, its employees and volunteers against any claim or action that might arise on behalf of the above youth/child other than the willful or reckless misconduct of KPC, its employees, or volunteers.

Parent/Guardian Signature _____

Parent/Guardian Printed Name _____

Date _____ Home phone _____ Cell _____

Emergency Contact _____ Phone _____

Parents: If we do not have current medical information on file for your child, please fill out the form below.

Medical Release Form

I give permission to Kempsville Presbyterian Church (KPC) and its staff to seek medical assistance for

(name of youth/child) _____

In case of an emergency, I hereby give permission to the physician selected by the KPC staff to hospitalize, secure proper treatment for, and to order necessary injections, anesthesia, surgery, or any other medical treatment as deemed necessary for above youth or child.

Parent/Guardian Signature _____

Parent's/Guardian's Printed Name _____

Street Address _____

City _____ State _____ Zip _____

Youth's/Child's Info

DOB ____/____/____ Street Address _____

City _____ State _____ Zip _____

Insurance Company _____

Policy No. _____ Ins. Co. Phone _____

Policy Holder's Name _____

Doctor's Name _____ Phone _____

Other info (allergies, meds, etc): _____
