

# FIRST CHRISTIAN CHURCH

## Discipline, Liability and Medical Release Form

June 1, 2009 – May 31, 2010

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Name: \_\_\_\_\_ Sex: M F DOB \_\_\_/\_\_\_/\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Notify in case of emergency: \_\_\_\_\_ Phone: \_\_\_\_\_

Health Insurance Company: \_\_\_\_\_ Policy: \_\_\_\_\_

List of known allergies and medications currently taken: \_\_\_\_\_

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I, \_\_\_\_\_ the parent or legal guardian gives \_\_\_\_\_, my son/daughter permission to travel and participate in any First Christian Church event within 150 miles in any one direction from Tillamook, Oregon, during the dates of June 1, 2009 to May 31, 2010.

Further, I give First Christian Church or their designated representatives authority to discipline my son/daughter on this activity. It is my wish that my student behaves in a Christian manner and obeys dress and conduct standards as set forth. The Pastor of Student Development and/or group leader assumes responsibility for discipline. If your child is involved in misconduct or disobedience requiring the student to leave, I will assume full responsibility, including any expenses incurred, for returning the student home, forfeiting any money provided prior to making this trip possible.

Further, I release and hold harmless First Christian Church or their designated representatives to administer or secure medical attention in case of emergency. I hereby also give the hospital and/or physician, as selected by the Pastor of Student Development and/or group leader, my permission to hospitalize, treat and to order injections, anesthesia, or surgery needed.

Further, I agree to hold harmless First Christian Church and/or their designated representatives, associates, or property owners involved in this activity in case of accident or any other incident.

**Please check this box if you do not wish to have your student's picture used for publicity.**

\_\_\_\_\_  
Printed Name of Parent or Legal Guardian

\_\_\_\_\_  
Date

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

