**PARENT PERMISSION FORM**

**FIRST CHRISTIAN CHURCH**

**16 EAST PLATTE**

**633-8888**

**I, the parent and/or guardian, do hereby give permission for** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,**to attend**

(Name of child/children) (age/ages)

Event: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**sponsored by First Christian Church.**

**I hereby release First Christian Church, its staff and sponsors for any responsibility and liability for any accident or injury which might occur to said child while participating in said activity.**

**I further agree that I assume full responsibility for said child’s behavior, health, welfare and safety while engaged in said activity, and that no legal action will be taken against First Christian Church, its staff or sponsors if said child is injured due to any cause whatsoever, and I hereby fully and completely indemnify First Christian Church, its staff and sponsors from and against any such claim whatsoever which may be made by or on behalf of said child.**

**I hereby appoint First Christian Church or its staff or its sponsors as my agent and delegate to it or them full power and authority pursuant to 15-14-104 CRS, to seek, consent to and obtain any medical treatment or care that they may deem necessary for said child in the event that said child, in their opinion, requires medical treatment and care, and I am not immediately available to arrange for said medical treatment and care.**

(Parent or Guardian) - Signature (Date) (Home phone)

 (Work phone) (Address)

Emergency contact person - Name, phone number

**Photographic release - Please initial one...**

\_\_\_\_\_I grant permission for photographs to be taken of my child/children in connection with this event and agree that FCC may use those photographs for any lawful purpose, including publicity, illustration and web content.
\_\_\_\_\_Please do not take photographs of my child/children.

MEDICAL INFORMATION

Allergies

Medical problems/limitations

Medication being taken

Accidents or injuries in past 12 months