

**PARENT/GUARDIAN RELEASE FORM**

**PARENT/GUARDIAN: I understand that in the event medical intervention is needed, every attempt will be made to contact immediately the persons listed on this form. In the event I cannot be reached, I hereby give my permission to the physician or dentist selected by the activity leader to access my child's medical history and to hospitalize, to secure medical treatment and/or to order an injection, anesthesia, or surgery for my child as deemed necessary. I understand that my insurance coverage for my child will be used as primary coverage in the event medical intervention is needed. I give permission for my child to be transported in privately owned vehicles to and from the event and to and from emergency treatment.**

**I understand all reasonable safety precautions will be taken at all times by KirkWood Presbyterian Church (USA) and its agents during the events and activities. I understand the possibility of unforeseen hazards and know the inherent possibility of risk. I agree not to hold KirkWood Presbyterian Church (USA), their leaders, employees, and volunteer staff liable for damages, losses, diseases, or injuries incurred by the subject of this form.**

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

DATE/LOCATION OF EVENT: ALL KIRKWOOD EVENTS 09/01/2011 –08/31/2012

PARTICIPANT NAME: \_\_\_\_\_

INSURANCE  
CARRIER/POLICY#: \_\_\_\_\_

KNOWN ALLERGIES: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

EMERGENCY CONTACTS:

Name: _____	Phone: _____
Cell Phone: _____	Relationship: _____
Name: _____	Phone: _____
Cell Phone: _____	Relationship: _____

SPECIAL NEEDS? (Diet, medication, mobility):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Adult Advisors: Please keep a copy of this section readily accessible throughout the event.**