



## PARENT RELEASE FORM

Child's Name \_\_\_\_\_

I, \_\_\_\_\_, do hereby release, absolve, indemnify, and hold harmless Northwest Baptist Church, the organizers, sponsors, and supervisors from any and all loss, injury, or other damage to us or the above named person arising out of their participation in church sponsored events. In case of injury, I hereby waive all claims against the organizers, the sponsors, or any of the supervisors appointed by them.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Medical Care & Medical Information Authorization to the Attending Physician, Hospital, and Staff:

Permission is hereby granted for you at the discretion of the staff and/or sponsors of Northwest Baptist Church to perform whatever care is necessary.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Hospital Insurance    Yes            No

Insurance Company \_\_\_\_\_

Policy Number \_\_\_\_\_

Physician \_\_\_\_\_

Physician's Phone \_\_\_\_\_

Emergency Phone Number \_\_\_\_\_

Notes \_\_\_\_\_