

**RELEASE FORM FOR MT. SCOTT CHURCH SPONSORED ACTIVITY**

I hereby give my permission for \_\_\_\_\_ to participate in

\_\_\_\_\_

I understand and agree to the following:

1. I give my permission for emergency medical attention to be given to my child in case of injury, illness or accident. I understand I will be contacted as soon as possible.
2. I release Mt. Scott Church of God, its staff and volunteers, from liability in case of accident.

Parent/Legal Guardian \_\_\_\_\_ Date \_\_\_\_\_

Any allergies, medications or health issues pertinent to this outing:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name of Parent/Legal Guardian \_\_\_\_\_

Phone where you can be reached during the time we are gone:

HOME \_\_\_\_\_

CELL/PAGER \_\_\_\_\_

Another person who will know how to contact you if you cannot be reached at these numbers:

NAME \_\_\_\_\_ Phone \_\_\_\_\_