

2018 TAG Annual Permission- Release Form

Name _____ Email Address _____

Home Phone # (_____) _____ Cell Phone # (_____) _____

Address _____

City and Zip _____

Name of Student _____ Grade _____ Birth Date _____

I hereby release Christ Church McKeansburg, their staff and sponsors, from responsibility and liability for any injury or illness that my child may sustain during T.A.G. Christ Church Youth Group events, activities, and trips in the year 2018. I understand that when travel is necessary, the group will be traveling by passenger vehicles driven by Adult leaders.

I authorize an adult leader of events to, as agent for me, to sign any waivers and/or forms that are required by the vendor of the event.

In the event of an emergency, I hereby authorize an adult leader of this activity, as agent for me, to consent to any X-ray examination, medical, dental or surgical diagnosis; treatment; and hospital care advised and supervised by a physician, surgeon or dentist (as appropriate) licensed to practice under the laws of the state where the services are rendered, either at a doctor's office or in any hospital. I expect to be contacted as soon as possible.

Signature of natural parent of legal guardian _____ Date _____

Emergency # _____

Beeper, Cell, or Alt. # _____

MEDICAL INFORMATION

Allergies _____

Medications being taken _____

Physical handicaps or limitations _____

Medical insurance company _____ Address _____ Phone _____

Policy Number _____

Member's Name _____