

**2019 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 2019. I understand that when travel is necessary, the group will be traveling by church van, church bus, or passenger vehicles driven by adult youth leaders. The church bus, like school buses, does not have seatbelts.

I authorize an adult leader of events, 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 \_\_\_\_\_