



Youth Release Form

PERMIT FOR SON OR DAUGHTER TO PARTICIPATE IN CHURCH RELATED

Chapel Hill Bible Church
260 Erwin Road, Chapel Hill, NC 27514

I give permission for _____ to participate in any activity or take any trip sponsored by the Chapel Hill Bible Church, 260 Erwin Road, Chapel Hill, NC 27514 in a car, van, or leased bus.

I do hereby absolve and release the chaperones, drivers, and Chapel Hill Bible Church from any claim which might result from an accident or emergency sustained by such son or daughter while away from home, at the activity or on the trip. I understand that proper discipline will be used to maintain his or her safety and health.

In the event that _____ suffers any illness or accident requiring emergency medication, hospitalization, or surgery at any time while at the activity or this the trip, I hereby give permission for any necessary medication, hospitalization, or surgery on recommendation of the attending physician and an accompanying adult at said activity or trip. It is understood that the attending physician or accompanying adult will contact me at the earliest possible moment. All expenses will be paid by me or my insurance company.

Please note: Parents or guardians are requested to sign this claim to avoid obligating the church or any of its representatives in the event of an unforeseen tragedy or accident. Responsible adults will accompany the youth and will supervise their activities, and every effort will be made to assure their safety. This claim remains in effect until August 1, 2015 unless cancelled by me in writing.

SIGNATURE OF PARENT/GUARDIAN: _____

ADDRESS: _____

TELEPHONE NUMBERS (H): _____

(W) _____

(C) _____

State of North Carolina *(MUST BE NOTARIZED FOR OUT OF TOWN TRIPS!)*

County of _____

The forgoing instrument was acknowledged before me on this _____ by _____ who has produced _____ as identification and who did not take an oath.

List two people who may assume temporary care of your child in an emergency.

Legal Name: _____

Address:

Phone: (H) _____ (C) _____

Relationship: _____

Legal Name: _____

Address:

Phone: (H) _____ (C) _____

Relationship: _____

INSURANCE

Primary Coverage of Child

Company _____ Policy # _____

Address/Phone _____

Policy is in what name? _____ Company/Business _____

Secondary Coverage of Child

Company _____ Policy # _____

Address/Phone _____

Policy is in what name? _____ Company/Business _____

MEDICAL HISTORY

Please describe any allergies (food, medical, insect, plant) that your child has.
