Parent Permission Release Form
Fellowship Community Church
6263 S Parker Rd Centennial, CO 80016
(303) 699-1110

Date: _____

Student's Name: _____ Date of Birth: _____
Address: _____ City: _____ Zip: _____
Parents phone numbers:
Dad home: _____ work: _____ cell: _____
Mom home: _____ work: _____ cell: _____

Authorization of consent to emergency medical treatment of minor child while participating in an activity of Fellowship Community Church.

I/We the undersigned parent(s)/guardian(s) of _____ (child's name), a minor, do hereby authorize Fellowship Community Church and it's youth ministry leaders as agent(s) for the undersigned to consent to any emergency medical care including but not limited to: x-ray examination, anesthetic, medical surgical diagnoses or treatment, and hospital care which is deemed advisable in the exercise of best judgment by, and is to be rendered under the general or specific supervision of any physician or medical practitioner licensed pursuant to Colorado law or under any other state or province where the youth activity takes place.

It is understood that this authorization is given in advance of any specific diagnoses, treatment, or hospital care being required, and its application is limited to medical emergencies that occur while the minor child is participating in activities sponsored by Fellowship Community Church. Every effort will be made to reach the minor's the parent or guardian to apprise them of any medical emergency.

Release of Fellowship Community Church

_____ (parent(s)/guardian(s) name) shall indemnify, hold free and harmless, assume liability for, and defend Fellowship Community Church, its agents, servants, employees, officers, and directors from any and all costs and expenses including but not limited to: attorney's fees, investigative and discovery costs, court costs, and all other sums which Fellowship Community Church, assertion of liability, or any claim or action founded thereon, arising or alleged to have arisen out of _____'s (child's name) use of real property or personal property belonging to Fellowship Community Church, its agents, servants, employees, officers, and directors, or by action of omission by _____ (child's name).

Other emergency contact (besides custodial parent): _____
Relation to Student: _____ Emergency contact phone number: _____
Family Physician: _____ Phone number: _____
Medical Insurance Provider & Policy or group #: _____ If none, please circle NONE
Known Medical Conditions: _____
Medications: _____ Allergies: _____
Dates of last immunization for:
Tetanus _____ Pertussis _____ Diptheria _____ Polio _____ Measles _____
Will you allow blood transfusion? Y / N
Parent or Legal Guardian Signature: _____

Date form completed: _____ First time form has been completed for this student? Y / N

*This form will be placed on file as long as your student is a part of this ministry.
We will replace it if information changes, or destroy it upon written request.