

K-Life

Parental Consent and Medical/Liability Release Form

The undersigned is the parent and/or legal guardian of _____, a minor, who is now under my control and custody. I grant the above participant permission to go on and participate in the stated activities: K-Life clubs, small group activities and monthly events which might include but are not limited to physical activities, large and small group games and transportation to and from events throughout the school calendar year of September 1, 2007 through August 31, 2008. In consideration of the above participant being permitted to participate in such an activity, I hereby release, forever discharge and agree to hold harmless K-Life Ministries and any and all directors thereof from any and all liability, claims or demands and expenses of any nature whatsoever which may be incurred by the undersigned and the participant.

We (I) do hereby grant permission of K-Life directors or staff to take said participant to a physician or hospital, and hereby authorized medical treatment including but not in limitation to any x-ray examination, anesthetic, medical, surgical or dental diagnosis or treatment, and hospital care. The undersigned shall be liable and agree(s) to pay all costs and expenses incurred in connection with such medical services rendered to our (my) participant pursuant to this authorization.

Parent and/or Legal Guardian

Address & Zip

Phone (Home, Cell & Office)

Email

Medical information List any drug allergies: _____

Current Medications: _____

Health History that would be helpful: _____

Healthcare Benefit Information

Submit at your own discretion. K-Life will treat any healthcare benefit information as very confidential. This information will only be submitted to a healthcare provider in the event of an accident or illness for which the participant needs medical attention. This form will be destroyed upon returning from event/trip/activity.

Name of Policy Holder (parent) _____

Provider Info

Healthcare Provider: _____ Group # _____

Address: _____ City _____ State _____ Zip _____

Group Number: _____ ID Number: _____

Phone Number(s): _____

Signature

Date Signed