Name:_____
Address_____
City_____State_____Zip_____
Phone #_____-_____-_____
Birthday_____Age_____Grade_____
Parent Name(s)_____
Email _____

The following is for any and all special events including transportation.

I (we) hereby and forever hold harmless and indemnify the Evangelical Free Church of Lena, it's pastors and staff, boards and sponsors from responsibility and liability for any injury or illness that my (our) child may sustain during this activity. In the event of an emergency requiring medical attention, I (we) hereby authorize an adult leader of this activity, as agent for me (us) to consent to any medical examination including diagnostic testing (x-ray, lab), medical, dental, or surgical interventions, treatment and hospital care advised and supervised by a physician or dentist licensed to practice under the law of the state where the services are rendered, either at a doctors office or hospital. I (we) understand that aside from life or limb threatening situation, Attempts to contact me (us) will be first done before the adult leader will act as my (our) agent. I (we) also understand that I (we) will be responsible for any and all medical fees related to this medical and/or dental examination.

_____ _____
Signature of Parent or Legal Guardian Date

_____
Name of Child/Children

_____ _____
Physician Name Physician Phone #

2011-2012