

**2019-2020 SUNDAY SCHOOL AUTHORIZATION / RELEASE FORM**

7-9-19

**Child's Name: Last:** \_\_\_\_\_ **First:** \_\_\_\_\_ **Middle:** \_\_\_\_\_

**Sex: M / F Date of Birth:** \_\_\_\_\_ **Grade:** \_\_\_\_\_ **Home Church:** \_\_\_\_\_

**Parent(s) / Guardian(s):**

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**List everyone who is authorized to pick up your child(ren) from Sunday School:**

\_\_\_\_\_

**Emergency contact if parents not available:**

Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

**List any allergies or medical concerns:**

\_\_\_\_\_

I, the undersigned, being the (custodial) parent (s) or guardian (s) of the above-named child (the "Child"), who seeks to participate in Sunday School, consent and give permission of the Child to attend and participate in Sunday School and it's associated activities, including field trips, collectively referred to as the "Program".

I shall be responsible for all expenses which may arise due to any injury the Child may sustain arising out of participation in the Program. I understand that the Program does not provide medical insurance for participants in such activities, and I understand that I am responsible for all medical expenses not covered by any available insurance.

I release the Program, its volunteers, officers, Board members, supervisors, agents, servants, employees, successors and assigns, from any and all liability, claims, demands, actions, and causes of action whatsoever arising out of or related to any loss, damage or injury that may be sustained by me or the Child arising out of the Program. I further agree to indemnify, protect and hold harmless the Program, its volunteers, officers, Board members, supervisors, agents, servants, employees, successors and assigns, from any claim or liability whatsoever arising out of the Child's participation in the Program.

I further authorize a representative of the Program to give consent to medical providers for medical treatment of the Child in my absence. I shall hold the Program, its volunteers, officers, Board members, supervisors, agents, servants, employees, successors and assigns harmless from any claim arising out of the act of a representative in seeking medical attention for the Child, or any injury or condition sustained by the Child.

Parent / Guardian \_\_\_\_\_ Date \_\_\_\_\_ Parent / Guardian \_\_\_\_\_ Date \_\_\_\_\_

I grant permission for use of my child's photo to be used to promote the Sunday School program, church activities and in local media publications.

Parent / Guardian \_\_\_\_\_ Date \_\_\_\_\_ Parent / Guardian \_\_\_\_\_ Date \_\_\_\_\_

**For trips away from the church, complete the following information regarding medical insurance:**

Name and phone number of insurance company: \_\_\_\_\_

Name of Subscriber: \_\_\_\_\_ Member Identifier: \_\_\_\_\_