

I, \_\_\_\_\_, hereby give permission for my child to go to: \_\_\_\_\_,  
*Parent or Guardian* *Activity Location*  
 on \_\_\_\_\_ with Church Foundational Network Student Ministry.  
*Date of Activity*

I, \_\_\_\_\_, hereby release Church Foundational Network, its pastors, and any  
*Parent or Guardian*  
 leader or other participating ministry involved in this event from any liability regarding any accident, injury or disease sustained or contracted by my child while participating in any children's activity. I also hereby agree to the performance of such treatment, anesthetics and operations that in the opinion of the attending physician is deemed necessary. I further agree to hold harmless Church Foundational Network, its pastors, or any leader from any medical, hospital or dental bills incurred as a result of any injury, accident, or disease sustained or contracted by my child while on a CFN activity.

CHILD'S FULL NAME \_\_\_\_\_

M  F GRADE \_\_\_\_\_ AGE \_\_\_\_\_ D.O.B. \_\_\_\_/\_\_\_\_/\_\_\_\_ PHONE \_\_\_\_\_  
 (Fall '10)

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ ST \_\_\_\_\_ ZIP \_\_\_\_\_

PHYSICIAN'S NAME \_\_\_\_\_ PHONE \_\_\_\_\_

INSURANCE COMPANY \_\_\_\_\_ POLICY # \_\_\_\_\_

ANY KNOWN ALLERGIES \_\_\_\_\_

SPECIAL MEDICAL CONDITONS \_\_\_\_\_

LAST KNOWN TETANUS SHOT \_\_\_\_\_

SWIMMING ABILITY (Please circle one) GOOD POOR NONE

Please sign in the presence of a Notary Public and have a valid picture ID available upon request.

\_\_\_\_\_  
 Parent's signature

\_\_\_\_\_  
 Print Name

STATE OF \_\_\_\_\_, COUNTY (PARRISH) OF \_\_\_\_\_

The foregoing instrument was acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_, 2010, by \_\_\_\_\_, who ( ) is personally known to me, or ( ) has produced \_\_\_\_\_ as identification, bearing Identification Number \_\_\_\_\_ and ( ) did, ( ) did not take an oath.

\_\_\_\_\_  
 NOTARY PUBLIC

State of \_\_\_\_\_ at Large

(NOTARY SEAL)

Commission Number: \_\_\_\_\_

My commission expires: \_\_\_\_\_