PARENT OR GUARDIAN PERMISSION AND MEDICAL RELEASE FORM

Minor's Name	Date of Birth	Home Phone
Address		Parent/Guardian's Cell Phone
City, State Zip		Parent/Guardian's Work Phone
Does the minor have any of the following: ☐ Special Diet ☐ Allergies ☐ Chronic/Recurring illness ☐ Surgery or serious illness within past year ☐ Physical conditions that limit activity		
Please describe any medical conditions or concerns:		

Health Insurance Company	Insurance Policy Number	Doctor Name and Phone
Event		Event Date(s)

The undersigned parent or guardian affirms that he/she has legal custody of the minor child and gives consent for him/her to attend the event being organized by Lake Brantley Church, Inc. I understand that there are inherent risks involved in any this event and hereby release Lake Brantley Church, its pastors, staff, directors, officers, members, volunteers, property owner where event occurs and agents from any and all liability for any injury, loss, or damage to person or property that may occur during the course of my minor child's involvement. In the event that he/she is injured or becomes sick and requires the medical attention of a doctor, I consent to any reasonable medical treatment as deemed necessary by a licensed physician. In the event treatment is required from a physician and/or hospital personnel designated by Lake Brantley Church, I agree to hold agree to hold Lake Brantley Church, its employees, pastors, directors, volunteers, officers and other agents free and harmless from any claims, demands or suits for damages arising from the giving of such consent. I also acknowledge that I will be ultimately responsible for the cost of any medical care.

Signature X_____
Date:_____

Printed Name of Parent or Guardian:

State of Florida, County of Seminole
The foregoing was acknowledged before me by the above listed Parent or Guardian on this date. Method of ID (choose one): ☐ Florida Driver's License ☐ Personally Known ☐ Other:_____

_____ My Commission Expires
Notary Public, State of Florida

(Notary Seal)