

Daniels Bible Church Youth Group Release Form

NAME: _____ DOB: _____

ADDRESS: _____
CITY/STATE/ZIP: _____

DAYTIME, EVENING, and CELL PHONE #'s
(D) _____ (E) _____ (C) _____

Allergies / Allergic Reactions: _____

Type of Reaction: _____
Treatment Given: _____

Prescription Medications: _____
Reason(s): _____

Date of Last Tetanus Shot: _____
Other Medical Info: _____

Emergency Contact Person: _____ Relation: _____
Daytime, Evening, & Cell Phone Numbers:
(D) _____ (E) _____ (C) _____

I understand that by signing below I assume full responsibility for my son/daughter while participating in **any DBC Youth Group activity** and agree that he/she be in submission to those in authority. I also understand that should traveling be necessary **it is not always possible for students to ride in a specific vehicle driven by a specific person**, therefore I give permission for my son/daughter to ride in **any vehicle driven by any adult that is designated by the Minister of Youth** in whose care the minor has been entrusted while participating in the DBC Youth Group activity.

As his/her parent(s) or legal guardian(s), we (I) do, herewith **authorize medical treatment by a qualified and licensed medical doctor (at our expense)** of the individual named above, in the event of a medical emergency which, in the opinion of the attending physician, may endanger his/her life, cause disfigurement, physical impairment or undue discomfort if delayed. This authorization is granted only after a reasonable effort has been made to contact me. Should it be necessary for my son/daughter to return home due to medical reasons or otherwise, **the undersigned parent or legal guardian shall assume all transportation costs.**

_____, _____
(Signature of Parent or Legal Guardian) (Date)

_____, _____
(Relationship to Participant) (Address)

_____, _____
(City, State, Zip Code)

_____, _____, _____
(Home Phone Number) (Work Phone Number) (Cell / Pager Number)