

Christian Homeschoolers of South Sound

...but as for me and my house, we will serve the Lord. Joshua 24:15

Permission and Medical Release Form

I, [please print] _____, hereby give my child(ren),

_____,

permission to attend _____,

on (date) _____.

I, the undersigned, hereby assume all risk for any harm that may befall my child as a result of his/her participation in this activity. I agree to hold harmless Christian Homeschoolers of South Sound (ChoSS), and any sponsor/agent of ChoSS for any loss, damages, cost or expenses that are incurred as a result of my child's participation in the activity. In the event that my child becomes ill or sustains an injury while attending any ChoSS event or program, permission is granted to obtain medical treatment and/or transport to any hospital, including care by any licensed physician or surgeon called. I agree to cover the expenses for such medical care. Parents will be notified after aid is given.

Parent/Guardian Signature: _____

Phone: _____ Cell: _____ Date: _____

Employer: _____

Insurer: _____

Policy #: _____

Doctor: _____ Phone: _____

Allergies/Medication: _____

Mandatory! Second emergency contact and phone [other than parent]

Name: _____ Phone: _____

In order to insure your child's safety, please fill out ALL information. Thank you!