



Travel Release Form for the year 20_____

I, the undersigned parent or legal guardian of the below named child, do hereby release liability for injury to said child while attending Living Hope Church activities; whether on campus, traveling to or from planned activities, and while at the planned activity.

I release liability from Living Hope Church, staff, board members, volunteers and congregation for injury to my child while involved with or at Living Hope Church campus or permitted activities.

I understand effort will be made to reach me through the information I have provided on this form. In case I have not been able to be contacted at the provided information, I give my permission for the adult[s] in charge to seek and obtain medical treatment deemed necessary by the attending medical personnel for my child on my behalf.

I further acknowledge that I have read and understand the above statements.

Witness (legible signature)

Parent/Guardian (printed name)

Date

Parent/Guardian (legible signature)

Student Information

Name: _____

Address _____

City _____ State _____ Zip _____

Student's Telephone: Cell _____ Home _____

Birth Date _____ Grade _____ Name of School _____

Father's Name _____

Address _____

Phone [home] _____ [c] _____ [w] _____

Mother's Name _____

Address _____

Phone [home] _____ [c] _____ [w] _____

Emergency Contact Person not a family member _____

Phone Number _____

Medical History _____

Allergies _____

Medical conditions _____

Medications _____

Doctor _____ Phone Number _____

Insurance Company Name _____

Address _____

Policy Number _____ Group Number _____

Customer Phone Number _____

Anyone To Whom We May NOT release your child? _____