



INSURANCE AND RELEASE FORM

Valid for any event sponsored by
Heritage Christian Church in 2009

Name: _____ Birth date: _____

Parent/Guardian: _____

Address: _____

Home Phone: _____

Work/Cell: _____

Known Medical Conditions or Other pertinent Information: _____

Medical Insurance Company: _____

Name of Primary Insured: _____

Ins. Co. Phone #: _____ Policy/Group #: _____

To Whom It May Concern:

The undersigned does here by give permission to our (my) child, _____, to attend and participate in activities sponsored by Heritage Christian Church in 2009. We (I) authorize an adult, in whose care the minor has been entrusted, to consent to any x-ray examination, anesthetic, medical, surgical or dental diagnosis or treatment, and hospital care, to be rendered to the minor under the general special supervision and on the advise of any physician or dentist licensed under the provisions of the Medical Practice Act on the medical staff of a licensed hospital, whether such diagnosis or treatment is rendered at the office of said physician or at said hospital.

The undersigned shall be liable and agree(s) to pay all costs and expenses incurred in connection with such medical and dental services rendered to the aforementioned child pursuant to the authorization. Should it be necessary for our (my) child to return home due to medical reasons or otherwise, the undersigned shall assume all transportation costs. The undersigned does also hereby give permission for our (my) child to ride any vehicle designated by the adult in whose care the minor has been entrusted while attending and participating in activities sponsored by Heritage Christian Church.

Signature of Parent/Guardian:

_____ Date: _____

Relationship to Child: _____