

Permission/Medical Release Form for Activities Involving Minors

Participant/Minor:

Full Name: _____ Age: _____

Date of Birth: ____/____/____

Parent/Guardian:

Name: _____ Relationship to minor: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Home Phone: (____) _____ Cell Phone: (____) _____

Emergency Contact (other than parent/guardian listed above):

Name: _____ Relationship to minor: _____

Home Phone: (____) _____ Cell Phone: (____) _____

Medical Information:

List any injury or illness the participant is presently being treated for and method of treatment:

List any allergies, special dietary needs or physical disabilities of the participant:

Medical Insurance Co.: _____ Policy #: _____

Primary Care Physician: _____ Phone: (____) _____

Pertinent Medical Notes: _____

Release:

I agree, by my signature below, that Freedom Christian Center (FCC) shall not be liable for damages in the event of injury, illness, accident, loss or casualty of any person, by any cause whatsoever. I understand that there is no Worker's Compensation or Accident Insurance furnished by FCC. I release FCC, its employees and all FCC representatives of any liability.

I release _____ (print participant's name) to participate in Freedom Christian Center activities for the whole of 2024.

I understand that in the event that my child (as participant) requires medical treatment, that reasonable efforts will be made to reach parent/guardian or emergency contacts, however if they cannot be reached, I hereby give consent for the ministry's sponsor to act as agent for me. I hereby give consent and permission for medical or dental treatment to be administered to my child by a licensed practitioner under the laws where services are rendered. ***This form MUST be signed in the presence of a notary.***

Parent/Guardian:

Date: _____

Signature: _____

Print Name: _____

Notary Witness:

Date: _____

Signature: _____

FREEDOM CHRISTIAN CENTER

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www.houseoffreedom.org