



## Kid's Ministry Activities Release and Consent Form

**Print** full name of participant (First and Last Name) \_\_\_\_\_ has my permission to attend Kid's Ministry activities.

Birthday: \_\_\_\_\_ Age: \_\_\_\_\_ School Grade: \_\_\_\_\_

**Print** full name of Mother/Guardian \_\_\_\_\_

**Print** full name of Father/Guardian \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_

Zip Code \_\_\_\_\_

Phone (Mother) \_\_\_\_\_

Phone (Father) \_\_\_\_\_

**Liability Release and Consent for Treatment** in the unlikely event that my child is injured while participating in activities at Triumphant Life Church (TLC) Kid's Ministry or in route to such activities, my child and I relinquish all rights to recover damages for any and all injuries sustained by my child. In consideration for Triumphant Life Church (TLC) Kid's Ministry granting my child permission to participate in Kid's Ministry activities, I hereby release Triumphant Life Church, its employees and volunteers from liability or injuries occurring in TLC Kid's Ministry activities.

In case of emergency, I hereby authorize Triumphant Life Church (TLC) Kid's Ministry to contact emergency personnel and release pertinent personal information so that my child may receive treatment.

Liability Release, Consent for release of information and for treatment (choose one) ☐ YES **OR** ☐ NO

List allergies, medical or other special conditions we should be aware of:

Will your child be carrying an epi-pen? ☐ YES **OR** ☐ NO

In case of emergency (when the parent/guardian cannot be reached) contact:

NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_ RELATIONSHIP TO Child: \_\_\_\_\_

I give permission for my child to be transported in a vehicle: ☐ YES **OR** ☐ NO

I give permission for photos to be taken of my child participating in activities: ☐ YES **OR** ☐ NO

People who have my permission to pick up my child(ren) when I am unable to:

NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_ RELATIONSHIP TO Child: \_\_\_\_\_

NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_ RELATIONSHIP TO Child: \_\_\_\_\_

**I acknowledge that I have read and completed the above information:**

**Print** full name of Parent/Guardian \_\_\_\_\_

**Signature** of Parent/Guardian \_\_\_\_\_

Date (xx/xx/xxxx) \_\_\_\_\_

Please keep this form on file for future events: YES **OR** NO