



# FAITH E · CHURCH

3145 Sweet Water Dr. Billings, MT 59102 (406) 656-8747

## PARENT RELEASE FORM

I/We give consent for (print name of minor) \_\_\_\_\_ to attend any Student Ministries events being sponsored by Faith Evangelical Church.

In the event that he or she is injured while under the care of Faith Evangelical Church and its representatives and requires the attention of a doctor, I hereby consent to and will be responsible for any reasonable medical treatment as deemed necessary by a licensed physician.

I/We further agree to hold the licensed physician, the medical facility, the Faith Evangelical Church and its representatives free and harmless of any claims, demands or suits for damages arising from the authorization and provision of such medical treatment.

\_\_\_ I/We agree to cover all costs if our student needs to be sent home for disciplinary reasons.

\_\_\_ I/We understand that I, or my minor, may be traveling in 12 passenger or 15 passenger vans.

Name of Parent(s)/Guardian(s): \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Student's Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_

Work Phone: (\_\_\_\_) \_\_\_\_\_

Alternate Emergency Contact:

Name: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_

Work Phone: (\_\_\_\_) \_\_\_\_\_