

Xenos event & date:

Location, address, phone # of event:

Xenos contact person & contact info:

(Parents & guardians should keep top portion)

Xenos Student Permission, Liability, & Medical Release

(Parents and guardians, should complete, sign, and return this form to the contact person listed above by this date ____)

I give permission for my son/daughter, listed above, to participate in (name of event) _____

on (date) _____ at (location address & phone) _____

Adult chaperones are volunteers from Xenos Christian Fellowship. I understand that in spite of the best and focused efforts of these volunteers to provide a safe and healthy environment for my child, circumstances may arise leading to unintentional injury or losses on the part of my child. I release Xenos Christian Fellowship and their agents from all claims and expenses arising out of, or resulting from, my child's participation during this event. I give permission for any medical personnel to render necessary emergency medical care for my child if I can't be reached or if my child needs immediate medical attention.

Printed name of student (s)

Printed name of parent or guardian

Phone # in the event of an emergency

Signature of parent or guardian

Date

List all medical conditions your son or daughter has and/or medications w/dosage amounts. List other disorders which could adversely affect their experience on this event. _____

Date of most recent Tetanus shot: _____

Family physician or medical group & phone # _____

Insurance Provider & Policy # _____