



# Medical Release & Permission Form



\_\_\_\_\_ has my permission to attend all KidMin activities

NAME OF CHILD

sponsored by \_\_\_\_\_ Westview Community Church

NAME OF ORGANIZATION

**NOTE: If you desire to limit your child's participation in any event, please submit your wishes in writing to the Director of Kid's Ministry prior to the event.**

This consent form gives permission to seek whatever medical attention is deemed necessary, and releases Westview Community Church and its staff of any liability against personal losses of named child.

I/We the undersigned have legal custody of the child named above, a minor, and have given our consent for him/her to attend events being organized by Westview Community Church. I/We understand that there are inherent risks involved in any ministry or athletic event, and I/we hereby release Westview Community Church, its pastors, employees, agents, and volunteer workers from any and all liability for any injury, exposure to infectious/communicable disease, loss, or damage to person or property that may occur during the course of my/our child's involvement. In the event that he/she is injured and requires the attention of a doctor, I/we consent to any reasonable medical treatment as deemed necessary by a licensed physician. In the event treatment is required from a physician and/or hospital personnel designated by Westview Community Church, I/we agree to hold such person free and harmless of any claims, demands, or suits for damages arising from the giving of such consent. I/We also acknowledge that we will be ultimately responsible for the cost of any medical care should the cost of that medical care not be reimbursed by the health insurance provider. Further, I/we affirm that the health insurance information provided above is accurate at this date and will, to the best of my/our knowledge, still be in force for the child named above. I/we also agree to bring my/our child home at my/our own expense should they become ill or if deemed necessary by the KidMin staff member.

Parent/guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_

***This Medical Release and Permission Form is valid for one year from the date signed above.***

**rev. 8-2023**