



Shining Light Christian Preschool at Franklin Christian Church Release, Rules and Consent Form

Name _____ Birth Date _____

Address _____ City _____ State _____ Zip _____

Name of Physician _____ Phone _____

Medical Insurance Company _____ Policy/Group ID # _____

Medications/Medical Conditions _____

Father's Name _____ Cell Phone _____ Email _____

Mother's Name _____ Cell Phone _____ Email _____

Liability Release: I, the undersigned, do hereby release, forever discharge and agree to hold harmless Shining Light and Franklin Christian Church, its staff and those adults supervising any SL and FCC trip or event, thereof, from any and all liability, claims or demands for personal injury, sickness or death, as well as property damage and expenses, of any nature whatsoever which may be incurred by the undersigned and the participant that occur while said person is participating in any SL and FCC trip or event.

Furthermore, I (and on behalf of my minor student participant) hereby assume all risk of personal injury, sickness, death, damage and expense as a result of participation in any SL and FCC trip or event involved therein.

Medical Treatment Permission: I authorize an adult, in whose care the minor has been entrusted, to consent to any emergency medical treatment or care deemed necessary by a licensed medical professional. The undersigned shall be liable and agree(s) to pay all costs and expenses incurred in connection with such medical and dental services rendered to the aforementioned student pursuant to the authorization granted above.

Transportation Permission: The undersigned does hereby give permission for my student or person to ride in any vehicle designated by Franklin Christian Church staff or those adults supervising any SL and FCC trip or event. My student and I understand that SEATBELTS SHALL BE WORN AT ALL TIMES during transportation.

In signing this document I agree to all above noted releases, permissions and rules with regards to the Franklin Christian Church.

Student Name (Print) _____

Student Signature _____ Date _____

Parent/Guardian Name (Print) _____

Parent/Guardian Signature _____ Date _____