

CFN Children/Youth Activity

CONSENT FORM

(June 9-11, 2009)

I, _____, hereby give permission for my child to go to: _____,
Parent or Guardian *Activity Location*
on _____ with Church Foundational Network Student Ministry.
Date of Activity

I, _____, hereby release Church Foundational Network, its pastors, and any
Parent or Guardian
leader or other participating ministry involved in this event from any liability regarding any accident, injury or disease sustained or contracted by my child while participating in any children's activity. I also hereby agree to the performance of such treatment, anesthetics and operations that in the opinion of the attending physician is deemed necessary. I further agree to hold harmless Church Foundational Network, its pastors, or any leader from any medical, hospital or dental bills incurred as a result of any injury, accident, or disease sustained or contracted by my child while on a CFN activity.

CHILD'S FULL NAME _____

M F GRADE _____ AGE _____ D.O.B. ____ / ____ / ____ PHONE _____
(Fall '08)

ADDRESS _____ CITY _____ ST _____ ZIP _____

PHYSICIAN'S NAME _____ PHONE _____

INSURANCE COMPANY _____ POLICY # _____

ANY KNOWN ALLERGIES _____

SPECIAL MEDICAL CONDITONS _____

LAST KNOWN TETANUS SHOT _____

SWIMMING ABILITY (Please circle one) GOOD POOR NONE

One per child. Please sign in the presence of a Notary Public and have a valid picture ID available upon request.

Parent's signature Print Name

STATE OF _____, COUNTY (PARRISH) OF _____

The foregoing instrument was acknowledged before me this _____ day of _____, 2008, by _____, who () is personally known to me, or () has produced _____ as identification, bearing Identification Number _____ and () did, () did not take an oath.

NOTARY PUBLIC

State of _____ at Large

(NOTARY SEAL)

Commission Number: _____

My commission expires: _____