



ConnectionPointe

live laugh learn love

LIABILITY RELEASE, CONSENT TO TRAVEL & MEDICAL TREATMENT AUTHORIZATION

I, _____, hereby release Connection Pointe Church from any liability whatsoever arising out of injury, sickness or damage which may be sustained by my child _____ during the trips sponsored by Connection Pointe Church for the calendar year 2024 when I give permission for my child to participate. In case of an emergency, I _____, authorize the leaders of Connection Pointe Church's sponsored trip to provide medical assistance for my child, _____.

* Is your child presently being treated for an injury or sickness or taking any form of medication for any reason (including asthma)? Yes ___ No ___ (if Yes, please explain) _____

* Does your child have any allergies (including medications)? Yes ___ No ___ (if Yes, please explain) _____

* Does your child require a special diet? Yes ___ No ___ (if Yes, please explain) _____

Signed: _____ Date: _____

(parent/guardian)

Address: _____

Parent/Guardian Home Phone No. _____

Parent/Guardian Work No. _____

Parent/Guardian Cell No. _____

Insurance Company _____

Policy No. _____ Group No. _____

Emergency name in the event parents are not available: _____

Emergency phone # in the event parents are not available: _____

Relationship of emergency person to child: _____

I want to be able to give permission for individual events by texting permission to the Connection Pointe Church leader of the event. I acknowledge and accept that texting permission will be as binding as my hand-written signature permission.

_____ (please initial if you want to be able to give permission by texting)

Updated: 02/09/17

