

**2018 LBCRC AUTHORIZATION FORM**

My child \_\_\_\_\_ has my permission to go with the Long Beach Christian Reformed  
Child's name

Church / \_\_\_\_\_ Group, for the following activity or activities.

**DETAILS:**

\_\_\_ My student has no special health needs the staff should be aware of and no medication required on the trip.

\_\_\_ Other: \_\_\_\_\_

In the event of illness or injury, I do hereby consent to whatever x-ray, examination, anesthetic, medical, surgical or dental diagnosis or treatment and hospital care are considered necessary in the best judgment of the attending physician, surgeon, or dentist and performed by or under the supervision of a member of the medical staff of the hospital or facility furnishing medical or dental services.

I fully understand that participants are to abide by all rules and regulations governing conduct during the trip.

I fully understand that it is my responsibility to update medical insurance information and emergency contact information in the event the information changes.

I fully understand that it is my responsibility to inform and provide the leaders with any required Child Passenger Restraint System (CPRS) needed for my child.

I hereby release, forever discharge and agree to hold harmless Long Beach Christian Reformed Church, its officers, employees and volunteers, 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 above named child that occur during any activities. Furthermore, I hereby assume all risk of personal injury, sickness, death, damage and expense as a result of participation in these activities. The undersigned further agrees to hold harmless and indemnify Long Beach Christian Reformed Church, its officers, employees or volunteers, for any liability sustained by said organization as a result of the negligent, willful or intentional acts of the above named child, including expenses incurred attendant thereto.

\_\_\_\_\_  
Signature (Parent/Guardian)                      Print (Parent/Guardian)                      \_\_\_\_\_  
Date

\_\_\_\_\_  
Student's Signature                                      \_\_\_\_\_  
Date of birth

\_\_\_\_\_  
Family Medical Insurance Carrier                      \_\_\_\_\_  
Policy No.

In the event of an emergency, please contact:  
\_\_\_\_\_  
Name/relationship                      (\_\_\_\_\_) \_\_\_\_\_                      (\_\_\_\_\_) \_\_\_\_\_  
Home or Cell Phone                      Work Phone