

**Riverbend Community Church**  
**Parent/Guardian Permission Form**  
*(only necessary for students under the age of 18)*

The undersigned, \_\_\_\_\_ is the parent/legal guardian of,

\_\_\_\_\_, a student in attendance at functions of Riverbend Community Church, and does hereby grant permission for the student to participate in all activities, trips and programs in connection with Riverbend Community Church. I hereby acknowledge that my student is physically fit and capable of participating in all such activities. I know that all activities, trips and programs are arranged for the benefit of my student and though Riverbend Community Church and its employees and adult supervisors will exercise caution, judgment and care, they will not be held responsible in the event of accident, injury and loss or damage of property in connection with the activity, trip or program, and the undersigned will hold them harmless from all such claims.

The undersigned further agrees to admonish the student participant to exercise care, to be well behaved, exercising godliness and righteousness, and in all things obedient to and under the direction and control of those adults in charge.

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

Telephones: \_\_\_\_\_ (home); \_\_\_\_\_ (work); \_\_\_\_\_(cell)

I hereby authorize the adult supervisors and any licensed physician permission to take all emergency actions that may be deemed necessary in the event of an accident. As parent/guardian, I hereby give my permission for emergency medical treatment for my student in the event I cannot be reached for further authorization.

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Student's Physician: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

In the event I, the parent/guardian, cannot be reached, please attempt to contact:

Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Telephones: \_\_\_\_\_ (home); \_\_\_\_\_ (work); \_\_\_\_\_(cell)

Name of the Insurance Company insuring the student: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Please provide any important medical facts below regarding allergies, regular medications, reaction to stings and bites, etc.:

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