

Grace Bible Church
Kingdom Kids Weekday Preschool
2012 - 2013 Medical Authorization and Release

Name of Minor: _____
I, (name of parent or
guardian): _____
the undersigned, of
(address): _____
City of _____ County of _____
State of _____

In the event of any accident, sudden illness, or medical emergency involving the aforesaid minor, I hereby authorize the Kingdom Kids' Director or an adult person(s) into whose care the minor has been entrusted, to consent to any x-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care, deemed to be necessary by a licensed physician. **It is the express intent of the undersigned that this Medical Authorization and Release be in effect for all Kingdom Kids Children's Day Out and Preschool activities conducted during August 2012 – May 2013.**

In consideration of the minor being permitted to participate in all Grace Bible Church - Kingdom Kids Weekday Preschool activities that occur during the period of time beginning on August 2012 – May 2013, I the undersigned, as parent or guardian of the minor, and on the behalf of said minor and the heirs, executors and personal representatives of said minor ("Releasers"), hereby release, waive, discharge, covenant not to sue, agree to indemnify and hold employees and assigns ("Releases") from any an all damages, liability, causes of action, or any other form liability, past, present or future, and whether caused by the negligence of Releases or otherwise, arising out of or relating to said minor's presence or participation in the aforementioned Grace Bible Church - Kingdom Kids Weekday Preschool activities, and any activities related thereto, or any actions taken by Releases pursuant to the above medical authorization with respect to said minor.

This Release shall be binding on myself, my heirs, executors and legal representatives and on the minor and his heirs, executors and legal representatives.

This Release shall be binding on myself, my heirs, executors and legal representatives and on the minor and his heirs, executors and legal representatives.

Executed this _____ day of _____ 2012.

Signature: _____

Medical Insurance
Confirmation _____ / _____
Insurance Company Policy Number