



\_\_\_\_\_  
Family Last Name

**ENGAGE CHURCH**  
**PARENTAL PERMISSIONS—PLEASE INITIAL**

\_\_\_\_\_ **MEDICAL WAIVER**

I hereby give permission for any and all medical attention necessary to be administered to my children (named on front page) in the event of accident, injury, or sickness, until I may be contacted. This release is effective until the expiration date below, or until revoked, in writing, by me. I also hereby assume responsibility for payment of such treatment.

\_\_\_\_\_ **TRANSPORTATION PERMISSION**

I Parent/Guardian of the children listed on the front page do hereby give permission to Engage Church, and its pastoral staff and/or volunteers to transport my children to special activities/events.

\_\_\_\_\_ **OVERNIGHT PERMISSION**

I Parent/Guardian of the children listed on the front page do hereby give permission to Engage Church, and its pastoral staff and/or volunteers to keep my child/youth for an overnight activity. I understand that during this overnight my child/youth may be in the presence of a volunteer or staff member unsupervised.

\_\_\_\_\_ **ONE ON ONE**

I Parent/Guardian of the children listed on the front page do hereby give permission to Engage Church, and its pastoral staff and/or volunteers to be alone with my child during events and activities at Engage Church.

By typing my name, I hereby give electronic authorization to any and all releases contained in this document. I understand that this release is effective until the expiration date of August 31, 2019, or revoked in writing by parent/guardian. Please sign or initial below.

\_\_\_\_\_  
Parent/Guardian

\_\_\_\_\_ **August 31st, 2021**  
Date **Expiration Date**



Release Form

Family Last Name \_\_\_\_\_

I understand and agree to the following permissions on reverse side for all of my children/dependents listed below:

1st Child's Name \_\_\_\_\_

4th Child's Name \_\_\_\_\_

2nd Child's Name \_\_\_\_\_

5th Child's Name \_\_\_\_\_

3rd Child's Name \_\_\_\_\_

6th Child's Name \_\_\_\_\_

Family Last Name _____	Family E-Mail _____	Family Contact Phone _____	
Street _____	City _____	State _____	Zip _____

Your Name: \_\_\_\_\_ Gender: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Primary Email: \_\_\_\_\_ Primary Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Cell Carrier: \_\_\_\_\_  
(this gives us permission to text updates to your family for Engage events)

Spouse's Name: \_\_\_\_\_ Gender: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Primary Email: \_\_\_\_\_ Primary Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Cell Carrier: \_\_\_\_\_  
(this gives us permission to text updates to your family for Engage events)

Insurance company is: \_\_\_\_\_

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

In case I cannot be reached, please contact:

Emergency Contact 1 \_\_\_\_\_

Email: \_\_\_\_\_ Cell: \_\_\_\_\_

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

Emergency Contact 2: \_\_\_\_\_

Email: \_\_\_\_\_ Cell: \_\_\_\_\_

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

Known allergies / special needs of children (please specify per child:)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(Signature) \_\_\_\_\_ (Date:) \_\_\_\_\_

*(This release form is valid until August 31, 2019)*