



General Release of Liability for Youth Ministries

I understand that every effort will be made to contact me in the event of an emergency requiring medical attention for my child, _____. If I cannot be reached, I understand that the emergency contacts listed below will be called. However, I hereby authorize LifePoint Church (Church) Staff to call an ambulance to transport my child to a hospital or medical facility and to secure for my child the necessary medical treatment. I understand the Church Staff will always have someone on premises who is trained in the basics of first aid and CPR and I authorize them to give my child first aid. In the best interests of my child, I realize any member of the staff assigned responsibility for the care and education of my child may view my child's health information, as well as state licensors to ensure compliance.

Youth's Health Insurance Provider: _____

Name of Insured: _____

Policy Number: _____

To ensure youth's safety, LifePoint Staff will release a child only to the parent(s)/legal guardian(s) who have signed this form and to those listed below as undersigned by the parent/guardian.

By signing this form, I understand that I am responsible for picking up and dropping off my child to any Ministry programs at the Church. Church staff and volunteers will not release my child to any other person unless I notify the LifePoint Staff in advance, following the guidelines listed below or if my child has an individual transportation plan in place.

- If the person (relative, friend, neighbor) picking up my child is listed on this form, I must notify the church staff verbally.
- If the person picking up my child is NOT listed on this form, I must notify the church staff in writing.
- Photo identification will be required of any person picking up my child.

Child's Name: _____ Date of Birth: ____ / ____ / ____

*In the event of an emergency wherein you are unable to pick up your child, the following contacts are permitted to pick up your child; all contacts must be considered local:

1. Name: _____ Relationship: _____
 Address: _____ Day Phone #: _____
 City/Zip: _____ Alternate Phone#: _____

2. Name: _____ Relationship: _____
 Address: _____ Day Phone #: _____
 City/Zip: _____ Alternate Phone#: _____

3. Name: _____ Relationship: _____
 Address: _____ Day Phone #: _____
 City/Zip: _____ Alternate Phone#: _____

Parent's Name: _____ Parent's Name: _____
(printed) (printed)

Parent's Signature: _____ Parent's Signature: _____

Additional Authorized Contacts

1. Name: _____ Relationship: _____
Address: _____ Day Phone #: _____
City/Zip: _____ Alternate Phone#: _____

2. Name: _____ Relationship: _____
Address: _____ Day Phone #: _____
City/Zip: _____ Alternate Phone#: _____

4. Name: _____ Relationship: _____
Address: _____ Day Phone #: _____
City/Zip: _____ Alternate Phone#: _____

5. Name: _____ Relationship: _____
Address: _____ Day Phone #: _____
City/Zip: _____ Alternate Phone#: _____

6. Name: _____ Relationship: _____
Address: _____ Day Phone #: _____
City/Zip: _____ Alternate Phone#: _____

7. Name: _____ Relationship: _____
Address: _____ Day Phone #: _____
City/Zip: _____ Alternate Phone#: _____

Parent's Name: _____ Parent's Name: _____
(printed) (printed)

Parent's Signature: _____ Parent's Signature: _____