

# PERMISSION & MEDICAL TREATMENT RELEASE FORM

For all activities with Crestview Community Church and/or EPIC youth:

---

Name of participant

---

Parent / Guardian Name

---

Parent / Guardian telephone

---

Parent / Guardian Address

---

Name of Insurance Provider

---

Insurance #

We (I) as the parent (s) or legal guardian (s) of this participant, hereby grant my (our) permission for him (her) to participate fully in said trip, and hereby give my (our) permission to take said participant to a doctor or hospital and hereby authorize medical treatment, and assume the responsibility of all medical bills, if any.

I agree not to hold Crestview Community Church or EPIC Youth group liable for any accident or illness.

Further, should it be necessary for the participant to return home due to medical reasons, disciplinary action or otherwise, I (we) hereby assume all transportation costs.

---

Parent or Guardian signature

---

Date