

MEDICAL RELEASE AGREEMENT

In consideration of the Northside Church of Christ, (4545 N. Meridian, Wichita, Kansas) providing transportation to varied activities and/or trips. And in recognition of the fact that there may be some risk of personal injury arising from the activities and/or trips, I hereby expressly assume the risk of any such personal injury to me or members of my family which may occur as a consequence of any trip on the Northside van and/or bus, or vehicles provided to transport the Northside group, during the activities engaged in. I further agree to indemnify and hold harmless Northside Church of Christ, including its representatives, from any damages or losses or personal injury of any kind which may arise as a consequence of the trips and activities to any member of my family.

My son/daughter _____ has my permission to travel with the Northside Group.

I hereby authorize the adult leaders of any activity or trip to secure necessary medical attention for my dependent at my expense.

Tetanus inoculation is current _____yes _____no

Allergies to food or medication _____

Special medical information _____

In case of emergency you may call _____

at this number _____

Our family physician is _____

Doctor's telephone number is _____

Insurance Company _____ Policy # _____

This agreement is effective until withdrawn in writing by either parent or Northside's leadership.

PARENT'S SIGNATURE

DATE