

FRANKLIN ROAD CHRISTIAN SCHOOL
(A MINISTRY OF BRIGHTMOOR CHRISTIAN CHURCH)

LIABILITY AND MEDICAL RELEASE AND PERMISSION FOR EXCURSIONS

I, THE UNDERSIGNED PARENT OR LEGAL GUARDIAN OF THE MINOR

Child's Name	Birthdate	Age
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Section I: Grant permission for the above-named child to participate in the activities associated with the _____, sponsored by FRANKLIN ROAD CHRISTIAN SCHOOL of Novi, MI 40800 West Thirteen Mile Road. In granting this permission, I release FRANKLIN ROAD CHRISTIAN SCHOOL of Novi, MI, its officers, board members, employees and agents from any liability or responsibility for any accidents and/or injuries that may occur to the above-named child resulting directly or indirectly from my child's participation in the activities.

Further, I hereby authorize any leader, volunteer or paid, of Franklin Road Christian School of Novi, MI to transport my child as needed in order to obtain any medical treatment from any licensed physician, surgeon, dentist of a medical treatment center and grant permission for any emergency treatment, procedure or medicine to be administered to my child. Any known allergies and information pertaining to emergency treatment are listed on the reverse side of this form.

Further, I understand and accept full liability and responsibility for the payment of all expenses incurred for any medical treatment center. This is applicable to emergency treatment and any medical expenses related to the injury at any future date.

Date signed	Signature of Parent or Legal Guardian
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(This document remains in force until written cancellation received by the School.)

EMERGENCY PHONE NUMBER: _____

(area code & phone number)	(person to contact)
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INSURANCE: _____

(name of insurance company)	(policy number)
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_____	_____
(name of policy holder)	(type of policy)

CONCERNS/ALLERGIES TO BE AWARE OF: _____
