

# NORTHBROOK CHURCH

## Medical/Transportation/Permission and Release Form

Name \_\_\_\_\_ Age \_\_\_\_\_ Birth Date \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Phone \_\_\_\_\_

Insurance Company \_\_\_\_\_ Policy # \_\_\_\_\_

Insured's Name \_\_\_\_\_ Relationship \_\_\_\_\_

I grant permission for any NORTHBROOK CHURCH sponsor to transport my child to and from church related events and to obtain necessary medical attention and treatment for sickness or injury for my child. I, the undersigned, do hereby release, remiss and forever discharge all sponsors and Northbrook Church in Three Way, TN from any and all claims, demands, actions or cause of action, past, present and future arising out of any damage or injury while participating in church sponsored events.

\_\_\_\_\_  
Signature of parent or guardian

\_\_\_\_\_  
Date