

**NORTH CITY PRESBYTERIAN CHURCH
SEEKERS CLUB - RELEASE FORM**

Child's Last Name	First Name	Parents/Guardian Name
<hr/>		
Address	City	Zip Code
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Home Phone	Father's Work #	Mother's Work #

MEDICAL AUTHORIZATION AND RELEASE FROM LIABILITY:

I _____ (name of parent/guardian) give my permission for _____ (child's name) to participate in _____ a Seekers Club activity sponsored by NORTH CITY PRESBYTERIAN CHURCH, on _____ (dates). Should emergency medical or dental diagnosis or treatment and hospital care be necessary and I cannot be reached, I authorize the North City Church adult staff to act on my behalf and consent to appropriate diagnosis, treatment and care pursuant to all applicable law. My medical insurance carrier is: _____, Policy # _____. My child _____ had the following known medical conditions, food allergies _____ and/or reactions to the following medications _____. I hereby release NORTH CITY PRESBYTERIAN CHURCH and Staff from any actions, claims, demands or liabilities that may arise as a result of my child's (children's) participation in Youth Group activities.

Signed: _____ **Date:** _____

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