



FAMILY INFORMATION & RELEASE FORM 2024

PARENT / GUARDIAN INFORMATION

| Parent/Guardian Name(s): | | |
|--------------------------|----------------|--|
| Address (Line 1): | | |
| Address (Line 2): | | |
| City, State, Zip Code: | | |
| Home Phone: | Cell Phone: | |
| Work Phone: | Email Address: | |

CHILD INFORMATION

| Child's Name | Birth Date (MM/DD/YY) | School / Grade | Gender |
|--------------|-----------------------|----------------|--------|
| 1. | | | |
| 2. | | | |
| 3. | | | |
| 4. | | | |
| 5. | | | |

EMERGENCY CONTACT INFORMATION

| Emergency Contact Name(s): | |
|----------------------------|----------------|
| Relationship to Family: | |
| Home Phone: | Cell Phone: |
| Work Phone: | Email Address: |

MEDICAL INFORMATION & RELEASE

| Insurance Carrier: | |
|---------------------------|------|
| Name of Policy Holder(s): | |
| Policy / Group Number: | |

List all known medical conditions:

List all known allergies (food, medicine, etc.): _____

List any important medications currently taking:

Additional information to insure the proper care and safety of your child / children:

I, the undersigned, have legal custody of the minor(s) listed on the previous page and have given my consent for him/her/them to attend events being organized by Liberty Bible Church. I understand that there are inherent risks involved in any ministry event, and I hereby release Liberty Bible Church, its pastors, employees, agents, and volunteer workers from any and all liability for any injury, loss, or damage to person or property that may occur during the course of my child's/children's involvement. I affirm that the health insurance and medical information provided is accurate at this time. If this information changes, I will notify Liberty Bible Church as soon as possible. In the event that he/she/they is/are injured and requires the attention of a doctor, I consent to any reasonable medical treatment as deemed necessary by a licensed physician. I acknowledge that I will be ultimately responsible for the cost of any medical care should the cost of that medical care not be reimbursed by my health insurance provider. Should it be necessary for my child/children to return home from an event due to either medical or disciplinary reasons, I will also assume all transportation costs.

Parent/Guardian Signature:

Date: _____

MULTIMEDIA RELEASE

I, the undersigned, hereby authorize **Liberty Bible Church** to use photos or videos of my child/children on printed materials and digital platforms for informational and promotional purposes. Though the privacy of my child/children will be respected, photos or videos of my child/children shall remain the exclusive property of **Liberty Bible Church** and shall be used without notice or compensation.

| Parent/Guardian Signature: | |
|----------------------------|--|
| • | |

Date: _____