

**PARENTAL PERMISSION FORM  
2010 - 2011 SCHOOL YEAR**

MARIETTA ALLIANCE CHURCH  
1787 E. Piedmont Road  
Marietta, GA 30062  
770/973-2189

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My child, \_\_\_\_\_ has my permission to travel with the Marietta Alliance Church youth group to all breakaways, socials, activities, retreats, and special events scheduled from August 4, 2010 to August 4, 2011. Further, my child has permission to fully participate in all breakaways, socials, activities, retreats, and special events.

My signature below also gives my approval for any necessary medical attention to be administered to my child at whatever medical facility is most convenient and expeditious regarding needed treatment.

Our health insurance coverage is with

\_\_\_\_\_.

Our policy number is

\_\_\_\_\_.

A telephone referral number for the insurance company is

\_\_\_\_\_.

An alternate number in case of emergency

\_\_\_\_\_.

If your child has any allergies, please list below

\_\_\_\_\_.

If your child is taking any medication that the leaders need to be aware of, please list below

\_\_\_\_\_.

If your child has a medical condition that the leaders need to be aware of, please list below

\_\_\_\_\_.

**YOUR CHILD WILL BE CARED FOR AS IF HE/SHE WERE OUR OWN CHILD. IT IS UNDERSTOOD THAT CAUTION WILL BE TAKEN BY THOSE PERSONS IN CHARGE TO PREVENT INJURY AND/OR ACCIDENT. HOWEVER, IN CASE OF INJRY AND/OR ACCIDENT TO MY CHILD, I HEREBY AGREE NOT TO HOLD ANY GROUP LEADER AND/OR MARIETTA ALLIANCE CHURCH RESPONSIBLE IN ANY WAY FOR SUCH INJURY AND/OR ACCIDENT.**

**I FURTHER EXPRESSLY WAIVE AND FULLY RELEASE MARIETTA ALLIANCE CHURCH, ALL GROUP LEADERS, THEIR GOVERNANCE AUTHORITY, EMPLOYEES, AND VOLUNTEERS FROM ANY AND ALL CLAIMS, DEMANDS, ACTIONS, AND LIABILITY WHATSOEVER (INCLUDING INJURY AND/OR ACCIDENT TO MY CHILD). I PERSONALLY ASSUME RESPONSIBILITY FOR MY CHILD'S ACTIONS.**

**I CERTIFY THAT I HAVE SIGNED THIS RELEASE VOLUNTARILY.**

Parental Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Telephone: \_\_\_\_\_

Address: \_\_\_\_\_

**TO BE COMPLETED BY NOTARY PUBLIC:**

Signature of Notary: \_\_\_\_\_

Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

***PLEASE HAVE THIS FORM NOTARIZED  
THANK YOU!***