



## ***Parental Release Form***

I \_\_\_\_\_, parent/legal guardian of \_\_\_\_\_, do hereby give my permission for \_\_\_\_\_ to attend the Mission Conference activity for families and children sponsored the Children's Ministry of Redeemer Church, PCA. I also give permission for emergency medical treatment to be administered to my child, and for medical treatment decisions to be made by the church leaders on this event. I understand that attempts will be made to contact me in the event of an emergency. I also hold harmless the staff and volunteers and officers of Redeemer Church involved in this event.

Your Signature: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Day Phone #: \_\_\_\_\_ Evening Phone #: \_\_\_\_\_

Your Name(s): \_\_\_\_\_

Notary \_\_\_\_\_ Date \_\_\_\_\_