

Child Evangelism Fellowship® of KS, Inc. (Christian Youth in Action) Parent Consent Form

As the parent of guardian of _____, I give my permission and consent to the staff of Christian Youth in Action to secure a physician's care in the event of illness or an emergency involving the above named student. Christian Youth in Action and Child Evangelism Fellowship of KS, Inc. and all of the workers are hereby fully, generally, and completely in all things released of and from all claims, demands, damages, actions, or causes of action whatsoever for, or because of any matter of things done, omitted or suffered to be done by a student, while attending Christian Youth in Action. Parent's or guardian's signature on this form absolves driver of any automobile he/she may be riding in, First Southern Baptist Church, and the Child Evangelism Fellowship of Kansas, Inc. from all liability in connection with the trip and the training ground.

Signed: _____ Date: _____ Phone: _____

Relationship to child: _____

Address: _____

Medical Insurance Co. _____ Policy No. _____

Medical Insurance Co. Phone Number _____

Please attach a copy of the front and back of your insurance card