

**WALLOON LAKE COMMUNITY CHURCH - YOUTH MINISTRY**  
**MEDICAL AND TRANSPORTATION RELEASE FROM**

**Student's Name:** \_\_\_\_\_  
First Middle initial Last

**Address:** \_\_\_\_\_  
Street City State Zip

**Event and Date:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Parent/Guardian Emergency Contact Information:**

**Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

**Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

**Name of Emergency Contact Person if above referenced parent/guardian is not available:**

\_\_\_\_\_ **Phone #** \_\_\_\_\_ **Relationship to Student:** \_\_\_\_\_

I am the parent or legal guardian of the above named minor child and hereby consent to the minor child's full participation of the above referenced event, including but not limited to, any and all activities/transportation/lodging accommodations for this event, as it pertains to the Walloon Lake Community Church's (WLCC) involvement of said event. (initials \_\_\_\_\_)

Further, I give permission for the above mentioned minor child to ride with a licensed driver that has been approved by WLCC and/or its staff, except for the following person(s): \_\_\_\_\_, (initials \_\_\_\_\_) from June 2nd, 2024 - Aug. 25th, 2024.

I further consent that my minor child may be left at a public place such as a school, restaurant, grocery store or where they request. This permission is only revoked when submitted by me in writing and actually received by WLCC.

I understand that, in the event that medical treatment is required, every effort will be made to contact me. However, if I nor the above-referenced emergency contact person(s) cannot be reached, I give my permission to those in charge (youth pastor, leaders, or chaperones) to secure the services of a licensed physician to provide the care necessary, including anesthesia, for the minor's well-being. I agree to assume the cost of any care/services or treatment rendered. I understand this is a legal document and agree to release and hold harmless WLCC, WLCC employees, board members, volunteers, and their members or their insurers or representatives from any liability whatsoever for the above-mentioned event, including but not limited to any transportation to and from the event. I consent to the minor's participation in the activity. I have the authority to sign for the minor, and bind the heirs, representatives, and assigns of the minor.

**Signed:** \_\_\_\_\_ **Dated:** \_\_\_\_\_  
(Parent or Legal Guardian)

**My Medical Insurance Company:** \_\_\_\_\_

**My Policy Number:** \_\_\_\_\_ **Physician's Name**  
**and Phone Number:** \_\_\_\_\_

**Please list any allergies, medications taken, medical problems, or other pertinent information:**

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**Cost:** \$ \_\_\_\_\_ [ATTACHED] [WILL PAY BEFORE \_\_\_\_\_ ]

