



MEDICAL RELEASE STATEMENT

If I cannot be reached by telephone or other reasonable means, I agree and hereby give KidSuccess, Inc permission to seek medical help for my child in the event of an injury or illness incurred while in the care of KidSuccess, Inc.

I agree to assume full responsibility for any and all expenses incurred due to injury or illness on or at the church property or in a church–approved vehicle.

(Print Child’s full name)

NOTE: A separate Release Statement is required for each child.

(Parent/Guardian Signature)

(Date)

(Parent/Guardian Signature)

(Date)