

Emergency Contact

Name: _____ Phone: _____

Name: _____ Phone: _____

AUTHORIZATION FOR RELEASE OR EMERGENCY FORM

1. Permission is granted for my child to travel with any staff or volunteer of Peachtree Corners Baptist Church (PCBC) for Summer Camp Purposes.
2. Permission is granted for the staff, or volunteers of PCBC to administer First Aid, to obtain the services of Licensed Physician, and to arrange transportation to nearest hospital in case the child named above is seriously ill, injured or requires hospitalization.
3. Permission is also granted to the Attending Physicians to render whatever treatment they deem necessary for the child's welfare. The responsibility for all expenses incurred will be assumed by the individuals whose signature appears below:
4. I hereby release and discharge the staff of Peachtree Corners Baptist Church and its volunteers from any and all liability in case of accident or any other injury which might occur to my child through administering First Aid or transportation to a medical facility. I hereby release any and all of the above from any liabilities because of any injury or damage which might occur while in the care of the staff and volunteers.
5. I hereby give permission for PCBC to use any pictures taken at this event for publication and promotion.

Child's Name: _____

Parent/Guardian (please print): _____

Date: _____ Insurance Company: _____

Phone Number: _____

Name of Insured: _____

Policy Number: _____

Group Number: _____

Signature: _____

**Peachtree Corners Baptist Church, Attention: Kid's Ministry, Marcia Alford, 4480 Peachtree Corners Circle,
Norcross , Georgia 30092, United States**