Child's Name: _____

Kingdom Kids Preschool & Kindergarten

Sunnyvale First Baptist Church - 3018 N. Belt Line Road - Sunnyvale, TX 75182

972-226-0526 ext. 131 kingdomkids@sunnyvalefbc.com

GENERAL PERMISSION AND RELEASE FORM

Kingdom Kids Preschool and Kindergarten, a ministry of Sunnyvale First Baptist Church, is hereby abbreviated as KKP for the purposes of this document.

I (we) hereby authorize KKP to take my (our) child to the named physician or facility for medical treatment as indicated on the enrollment form in the event of an emergency in which neither parent nor guardian can be reached.

I (we) hereby give permission for my (our) child to attend and participate in activities sponsored by KKP.

I (we) hereby authorize KKP to transport my (our) child to and/or from church and/or any church related and sponsored activities and events. **(4 year olds & Kindergarten students only.)**

I (we) hereby authorize KKP to include my (our) child in supervised on campus water activities.

I (we) hereby authorize KKP and its acting leaders to teach and lead my (our) child in religious lessons and services which may include prayer and Bible teaching.

I (we) hereby authorize any adult, in whose care the minor has been entrusted, to consent to any X-ray examination, anesthetic, medical, surgical, or dental diagnosis or treatment, and hospital care to be rendered to the minor under the general or special supervision and on the advice of any physician or dentist licensed under the provisions of the medical practice act on the medical staff of licensed hospital, whether such diagnosis or treatment is rendered at the office of said physician or at the said hospital.

I (we) hereby authorize any licensed physician or medical treatment center to treat my (our) child in case of an emergency in which the named physician on record cannot respond.

The undersigned shall be liable and agree(s) to pay all costs and expenses incurred in connection with such medical and dental services rendered to the aforementioned child pursuant to their authorization.

Should it be necessary for my (our) child to return home due to medical reasons or otherwise, the undersigned shall assume all transportation costs.

I (we) hereby release, forever discharge and agree to hold harmless KKP and the directors thereof from any and all liability, claims or demands for personal injury, sickness or death, as well as property damage and expenses, of any nature whatsoever, which may be incurred by the undersigned and child-participant that occur while said child is participating in any trip or activity with KKP.

Furthermore, I (we) [and on behalf of my (our) child-participant if under the age of 21 years] hereby assume all risk of personal injury, sickness, death, damage and expenses as a result of participation in recreation and activities involved therein.

Further authorization and permission is hereby given to KKP to furnish any necessary transportation, food and lodging for this participant.

The undersigned further hereby agrees to hold harmless and indemnify KKP, its directors, employees and agents for any liability sustained by KKP as the result of the negligent, willful or intentional acts of said participant, including expenses incurred attendant thereto.

The medical consent and liability waiver provisions hereof shall remain in full force and in effect until written notice of revocation or withdrawal is received by KKP at its office at 3018 N. Belt Line Road, Sunnyvale, Texas. It is the responsibility of the parent or guardian to notify KKP of any changes in medical condition, guardianship, address or phone change in writing to the address listed at the beginning of this form.

_____/_____ _____

SIGNATURE DATE Relationship to participant

Updated 4/6/16