

COMMUNITY CHRISTIAN CHILD DEVELOPMENT CENTER



Travel & Activity Authorization

I _____, parent/guardian of _____
Parent or Guardian 's Name Child's Name

give Community Christian Child Development Center permission for the child named above to participate and travel to:

(I hereby assume all risks and release Community Christian Child Development Center, its employees, and volunteers from all liability whatsoever for any injuries or accidents in connection with my child's participation, I intend for this release to be binding for myself, family and all legal successors in interest).

In the event that my child is injured, and I cannot be contacted, I hereby give permission to the physician or medical personnel selected by Community Christian Child Development Center staff to hospitalize, secure proper treatment or medication for, and to take whatever medical actions that are necessary to treat my child. I authorize the physician or medical personnel selected to provide treatment deemed necessary by them

Parent or Guardian Signature

Date