



*KidSuccess Ministries*

**MEDICAL RELEASE STATEMENT**

If I cannot be reached by telephone or other reasonable means, I agree and hereby give KidSuccess Ministries and Springville First United Methodist Church permission to seek medical help for my child in the event of an injury or illness incurred on the church property or in a church-approved vehicle.

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.

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(Print Child's full name)

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

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(Parent's Signature)

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(Date)