

# Creation Explorers of Cedarville Physical Education Release Form

## Family Medical Information

Doctor Name/ Phone

\_\_\_\_\_ / \_\_\_\_\_

Dentist Name/ Phone

\_\_\_\_\_ / \_\_\_\_\_

Emergency Contact Name/Phone

(to be contacted only if parent is not able to be reached)

\_\_\_\_\_ / \_\_\_\_\_

## Terms and Conditions

1) I understand that my child/children will participate in physical activities during Physical Education. As with any physical activity, there is a risk of injury. I fully accept this risk and hold harmless from any legal liability, Grace Baptist Church (Cedarville, OH) and any persons involved in the Creation Explorers Co-op of Cedarville.

2) In the event of an emergency that requires medical treatment for the above named child/children, I understand every effort will be made to contact me or my emergency contact. However, if I/we cannot be reached, I give my permission to the Creation Explorers Co-op of Cedarville to secure the services of a licensed physician to provide the care necessary for my child's well being. I assume responsibility for all costs connected to any accident or treatment of my child.

I have read and agree to the Terms and Conditions stated above.

Printed Name: \_\_\_\_\_

X \_\_\_\_\_ / \_\_\_\_\_  
Signature of Parent/Guardian Date