

Liberty Evangelical Free Church (LEFC)
Emergency Information and Releases Form

Child/Children's Name	Birthdate	Allergies

Home address: _____

Phone: _____

Father's Name: _____

Mother's Name: _____

I by my signature give LEFC personnel permission to treat my child/children for minor injuries and if need be provide for emergency medical care in the event that I cannot be located immediately. I also agree that I will not hold LEFC Church responsible for any accident or injury that may occur.

Doctor's Name: _____ **Phone:** _____

Parent Signature: _____ **Date:** _____