



Permission Form - Parental Release - Health Info/Insurance Form

My child has permission to participate in all work projects, outreach ministry and activities of the Youth Serve program in Kershaw, South Carolina. I agree to not hold K.A.R.E. Inc. (Kershaw Area Resource Exchange Inc.) or any agent or entities thereof liable for any injury or illness incurred due to his/her participation in said activities.

Parent's Signature: _____ Date: _____

Medical Release Form

Student's Name: _____

Address: _____

Insurance Carrier: _____

Policy Holder: _____ Policy # _____

Parent/Guardian: _____

Home Phone: _____ Cell Phone: _____

Other Contact: _____ Phone: _____

Physical Limitations, Health Conditions, Medications, Allergies:

In the event it becomes necessary, I hereby authorize the agents and representatives of the Kershaw Youth Serve program to seek professional medical assistance for my child. All pertinent information regarding my child has been included in this release form.

Parent's Signature: _____ Date: _____