

Galatia Self-Defense

A Ministry of Dr. Ronald E. Bell II and Pip Start

Emergency Medical Release

We, the parent(s) or legal guardian of _____
Hereby give permission to participate in the ministry sponsored self-defense classes.

We believe that the necessary precautions and plans for the care and supervision of the student during the Galatia Self-Defense classes will be taken. Therefore, we will not hold the church, ministry, organization or those supervising the classes responsible for any unavoidable accident. Should an accident occur, we give the sponsor authority to act on our behalf in providing immediate medical care in the nearest medical facility. Prior to care being given, we understand that every reasonable effort will be made to contact us at the number listed below.

To medical facility - *As the parent(s) or legal guardian of the minor listed above, I hereby authorize the holder of this form to act upon my behalf in the immediate medical care of my minor child in the event of an emergency situation which all reasonable effort to reach me have failed.*

I further acknowledge and certify I am the legal guardian or parent of the minor listed above. Following is a list of allergies and/or medications:

(use back side if needed)

Emergency Phone Number

Parent/Guardian Signature

Date _____