



PARENT AUTHORIZATION & MEDICAL RELEASE FORM
(Please fill out completely)

STUDENT NAME _____ GRADE _____ AGE _____
ADDRESS _____ CITY _____ ZIP _____
PHONE # _____ EMERGENCY # _____ SEX: M or F

I hereby give permission for my child to participate in 2701 HIGH SCHOOL EVENTS during June 2011 through August 2012 with Twin Lakes Church. In the event any information changes, I will notify you.

In case of emergency, I hereby give my permission to any licensed physician and hospital selected by the group leader, staff member, or volunteer helper to hospitalize, secure treatment for, and to order injection, anesthesia, or surgery for the above named. I understand that neither church nor any individual will be held responsible in the event or accident, injury, or disobedience. Additionally, I realize that no funds will be refunded to students who are withheld from an activity due to disobedience.

"Twin Lakes Church does not carry accident insurance for group activities. Should an accident or injury occur, you will be expected to cover ALL the medical expenses involved. The information you provide below will help us in getting immediate care for your child should an accident occur. Thank you."

INSURANCE CO. _____ POLICY # _____
ID# or SSN# _____
MEDICAL INSTRUCTIONS AND
ALLERGIES: _____

SIGNATURE OF PARENT/GUARDIAN _____

DATE _____