



**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 September 2009 through June 2010 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 \_\_\_\_\_