

**TWIN LAKES CHURCH 2016-2017**

**2701 Cabrillo College Drive • Aptos, California 95003 • (831) 465-3300**

**PARENT AUTHORIZATION & MEDICAL RELEASE FORM – Please fill out completely!!!**

STUDENT'S NAME \_\_\_\_\_ GRADE \_\_\_\_\_ AGE \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE \_\_\_\_\_ EMERGENCY PHONE \_\_\_\_\_ SEX: M or F

I hereby give permission for my child to participate in the planned activities of TWIN LAKES CHURCH. 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 the church nor any individual be held responsible in the event of accident, injury, or disobedience. Additionally, I realize that no refunds will be given 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# \_\_\_\_\_

MEDICAL INSTRUCTIONS AND ALLERGIES \_\_\_\_\_

PRINTED Name of Parent or Guardian \_\_\_\_\_

SIGNATURE of Parent or Guardian \_\_\_\_\_ DATE \_\_\_\_\_

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