## 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	GF	RADE AGE
ADDRESS	CITY	ZIP
PHONE	EMERGENCY PHONE	SEX: M or F
I hereby give my permission to any licer to hospitalize, secure treatment for, and church nor any individual be held resp	o participate in the planned activities of TWIN LAKES used physician and hospital selected by the group leader to order injection, anesthesia, or surgery for the above nonsible in the event of accident, injury, or disobedience withheld from an activity due to disobedience.	, staff member, or volunteer helper amed. I understand that neither the
	ccident insurance for group activities. Should an acci ses involved. The information you provide below will he ank you."	
INSURANCE CO	POLICY#	
MEDICAL INSTRUCTIONS AN	ND ALLERGIES	
PRINTED Name of Parent or Gu	ardian	
	ianl	DATE
PARENT AUTHORIZATIO	llege Drive • Aptos, California 95003 • (8 ON & MEDICAL RELEASE FORM – <i>Pla</i>	
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