

TWIN LAKES CHURCH 2018-2019

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 _____