

Student Permission Release Form

Student Info

Name _____ Home Phone# _____

Home Address _____ Email _____

City, State, Zip _____ School _____

Grade _____ Gender _____ Date of Birth _____

Student Medical Info

Known Allergies:

Hospitalization Insurance Company _____

Insurance Policy # _____

Insurance Company Phone # _____

Family Doctor and Phone # _____

Family Dentist and Phone # _____

Special Medical Needs

Parent Info

Mother's Name _____ Email _____

Occupation _____ Work Phone # _____

Father's Name _____ Email _____

Occupation _____ Work Phone # _____

Release Agreement

Medical: by my signature, I the parent/ guardian of the above named youth, grant my permission to participate fully in any activities or trips sponsored by Terra Verde Community Church. I understand that my signature carries with it the following:

1. An authorization of any adult leaders to obtain necessary medical attention and/or treatment for my son/daughter.
2. Should medical help be needed, I agree to pay either directly or through my own personal health and accident insurance policy all medical or hospital costs occurring to my own child/dependent.

Signature _____
Date

Transportation: my signature, I the parent/ guardian of the above named youth, grant my permission for him/her to be transported to or from church sanctioned events by church provided transportation (vans, cars, bus, or plane) driven by an adult (counselor, parent, or volunteer).

Signature _____
Date