

Student Name: _____

Cross of Glory Church Youth Ministry
Permission Form
2011-2012

I, _____ (parent or legal guardian)

grant permission for _____ (student)

to attend all on campus and off campus activities during the 2011-2012 year.

I will not hold Cross of Glory Baptist Church, its employees or affiliates liable for injury to my son/daughter/legal dependant.

I grant permission for medical treatment to be performed for the above named student if attention is required.

Address _____ City _____ Zip _____

Parent Email _____ Youth Email _____

Home Phone # _____ Emergency Phone # _____

Grade (2011/12) _____ Birth Date _____

Physician Name _____ Phone # _____

Insurance Name _____ Phone # _____

Insurance Policy # _____

Prescriptions: _____ Allergies: _____

Comments: _____

Signature of parent or legal guardian: _____

Date: _____