

**2010
COVE CHURCH
STUDENT MINISTRY PERMISSION AND
MEDICAL RELEASE FORM**

NAME OF YOUTH _____

BIRTH DATE: _____ Grade _____

ADDRESS: _____ ZIP: _____

HOME PHONE #: _____ WORK # _____

CELL (Mom): _____ CELL (Dad): _____

PERSONS TO BE NOTIFIED IN CASE OF EMERGENCY:

NAME: _____ RELATION: _____

PHONE(H): _____ PHONE (W): _____

NAME: _____ RELATION: _____

PHONE(H): _____ (W): _____

YOUTH'S MEDICAL OR HOSPITAL INSURANCE PROVIDER

(Please attach copy of your insurance card, front and back)

NAME OF PROVIDER, GROUP, CONTRACT #: _____

DRUG OR FOOD ALLERGIES: _____

I grant permission for _____ to participate in the youth activities sponsored by Cove Church of Owens Cross Roads, AL. I authorize the paid staff members and/or adult volunteers to secure medical assistance for my child in the event that such becomes necessary. I authorize photographs/video to be taken of my child for youth events.

Parent/Guardian: _____



Date: _____

