

PARENTAL CONSENT FORM

Centerpoint Community Church
515 Sunrise Avenue, Roseville, CA 95661
782-3186

For any organized activity away from the church, we require a permission slip, which will allow us to obtain medical care for your student in the event we cannot contact you. No student will be allowed to attend activities away from the church without a completed form. Please return the completed form to a Highway 56 Teacher or the Church Office.

ALL CENTERPOINT COMMUNITY CHURCH EVENTS FOR



Name _____ Age _____ Birth Date _____

Address _____

City _____ State _____ Zip _____

School _____ Grade in Fall 2018 _____

Allergies: _____

Mom

Dad

Parent Home Phones _____

Parent Cell Phones _____

Parent E-mail Address _____

MEDICAL RELEASE: In case of emergency, I understand that a reasonable effort will be made to contact me. If I cannot be reached, I hereby give an agent of the Centerpoint Community Church the permission to any licensed physician selected by this agent to administer such emergency treatment as said physician in his/her judgment deems necessary. I hereby absolve Centerpoint Community Church and its agents and employees from any and all liability resulting from their confor-mance with these instructions.

Insurance Company _____

Father's Name

Policy Number _____

Mother's Name

Emergency Phone _____

Legal Guardian's Name

Signature of Parent / Legal Guardian

Check this box if you DO NOT want photographs of your child used for publicity purposes.

This form is on file and valid for any off-site activity occurring from
June 1, 2018 through June 30, 2019