ANNUAL PERMISSION SLIP

Church on the Rock - Invitation Youth (Complete one per child)

I,, give permission	for my, son/daughter,
(Parent/Guardian)	(Participant)
	h ministry. This includes regularly scheduled on-site l) that are sponsored by the COTR during the dates:
July 1st, 20	22 - August 31, 2023
Rock, the church staff, and volunteers from a property damage, or other injury or damage and/or transportation to and from the events	above participant do hereby release Church on the ny and all liability resulting from any physical injury, which occurs in connection with the above events at the second any problems arise concerning the behavior in home prior to the end of the activity, I will pay for his
My student has my permission to drive self a	driven by an adult leader:YesNo driven by a young adult 18 or older:YesNo
your child about youth united meetings and events via these mee	
Student Address: Home Phone: Student Email Address:	Student Cell Phone:
Primary Contact Name(s) parent/guardian:	
Cell Phone:	
Email Address:	
	- only to be used if primary contact cannot be reached)Phone Number:
Permission to use my child's image: I recognize that Church on the Rock uses phopublicity materials such as the church websit permission for photo/video images of my chil Please circle: YES / NO	otographs and video images of events in their e, and newsletters and I hereby grant
Signature of Parent/Guardian:	Date:

Authorization for Consent to Medical Treatment of Minor Child

(Student's name here) has the permission of the undersigned to participate in Church on the Rock activities. In the event of an emergency affecting the heath or welfare of this participant, the sponsors, leaders, or chaperones have permission to administer first aid and/or transport the individual to the nearest doctor or hospital for further medical attention, as deemed necessary. The individual acting in response to the emergency will be held blameless. Any medical expenses occurring will be borne by the parents or guardians of the participant. I do hereby release Church on the Rock, its employees, volunteers and members of its Board from all claims and causes of action by reason of an injury, which may be sustained as a result of these church activities.
HEALTH INSURANCE POLICY INFORMATION (Please print)
Primary Medical Insurance Carrier:
Insurance Company Phone #: (
Policy ID or Group #:
Policyholder's Name:
Policyholder's Employer:
Policyholder's Address:
MEDICAL HISTORY INFORMATION (Please print) Student's full name: Date of birth:/ Grade of student in fall 2022 Student's physician: Physician phone: Important medical history: Date of last tetanus immunization: Please list any known allergies: Should this student's activities be restricted for any reason? Please explain:
Medications: My child is taking medication at present (list below). My child will bring all such medications necessary, and such medications will be well labeled. My child will administer his/her own medication.
*I hereby grant permission for nonprescription medication (such as ibuprofen, Tylenol, throat lozenges,
cough syrup, etc.) to be given to my child if deemed advisable. (Parent Initial)(Date)
Any other Medical Concerns:

Signature of Parent/Guardian: ______Date: _____Date: