

\_\_\_\_\_  
Student Name (print)

# Cross of Glory Church Youth Ministry

## 2016-17 Annual Permission Form & Health Information

I, \_\_\_\_\_ (parent or legal guardian)

grant permission for \_\_\_\_\_ (student)

**to attend all on campus and off campus activities during the 2016-2017 year.**

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

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

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Youth Email \_\_\_\_\_ Youth Phone # \_\_\_\_\_

Youth Birth Date \_\_\_\_\_ Grade (2016/17) \_\_\_\_\_ Male \_\_\_ Female \_\_\_

Father Name \_\_\_\_\_ Father Email \_\_\_\_\_

Father Home Phone \_\_\_\_\_ Father Mobile Phone \_\_\_\_\_

Father Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_  
(if different than student)

Mother Name \_\_\_\_\_ Mother Email \_\_\_\_\_

Mother Home Phone \_\_\_\_\_ Mother Mobile Phone \_\_\_\_\_

Mother Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_  
(if different than student)

Emergency Contact \_\_\_\_\_ Emergency Phone # \_\_\_\_\_

Insurance Name \_\_\_\_\_ Physician Name \_\_\_\_\_

Insurance Policy # \_\_\_\_\_ Physician Phone # \_\_\_\_\_

Insurance Phone # \_\_\_\_\_ Prescriptions \_\_\_\_\_

Allergies/Other Health Needs: \_\_\_\_\_

Comments: \_\_\_\_\_

Signature of parent or legal guardian: \_\_\_\_\_

Date: \_\_\_\_\_



Media Notification: Photos of students taken at Cross of Glory Youth Ministry events are displayed on our Cross of Glory Youth Facebook page and/or website. If you have any concerns, please contact our church office.  
952.935.3696      www.cog-youth.org      www.gloryonline.org