
Student Name (print)

Cross of Glory Church Youth Ministry

2017-18 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 2017-2018 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 (2017/18) _____ 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