



# Glen Lyn Church of Christ

PO Box 120 - 206 Houston Lane - Glen Lyn, VA 24093 - glcocyouth.com

## GLCOC STUDENT MINISTRIES STUDENT ACTIVITY PERMISSION FORM

To be filled out by parent of legal guardian. Please print in black or blue ink.

Student's Name \_\_\_\_\_

Age \_\_\_\_\_ Date of Birth \_\_\_\_\_ Gender \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Parent's Name(s) \_\_\_\_\_

If the person(s) named above is not available in case of emergency, notify:

Name \_\_\_\_\_ Phone: \_\_\_\_\_

Name \_\_\_\_\_ Phone: \_\_\_\_\_

Name of Physician \_\_\_\_\_ Phone: \_\_\_\_\_

Health Insurance Carrier \_\_\_\_\_ Policy # \_\_\_\_\_

Taking any medications? \_\_\_\_\_

Allergies (food, medicines, insects, plants, etc) \_\_\_\_\_

Medical conditions to be aware of: \_\_\_\_\_

Do we have permission to give your student over-the-counter pain relievers if needed as evidenced by student's statement of behavior? \_\_\_\_\_ Yes or \_\_\_\_\_ No

I do hereby release, forever discharge and agree to hold harmless Glen Lyn Church of Christ and the directors thereof from any and all liability, claims or demands for personal injury, sickness or death, as well as property damage and expenses, of any nature whatsoever which may be incurred by the undersigned and the participant that occur while said person is participating in Church Activities. The undersigned further hereby agrees to hold harmless and reimburse said church, its directors, employees, chaperones, and agent for any liability sustained by said acts of said participant, including expenses incurred attendant thereto.

The undersigned further consents to the administration of first-aid and/or doctor's care, or any other form of medical treatment necessitated by illness or injury that may require the same. In the event of the necessity of such care or treatment as heretofore described, the undersigned agrees to hold harmless said church, its directors, employees, chaperones, and agents from failure to act on the part of those chosen to administer medical care of behalf of the participant.

Signature \_\_\_\_\_ Date \_\_\_\_\_  
(Parent/guardian Signature of above student)