



Coastal Community Church Student Ministry
Permission Slip/Medical Release Form

My student, _____ has my permission to go with Coastal
(Print Full Name Above)

Community Church Student Ministry to church sponsored youth events during the year of
March 1, 2014— March 1, 2015.

It is my understanding that Coastal Community Church will not be liable for any accidental injuries that
might occur to my child while he/she is attending these events. My student has health insurance with the
detailed below. Should a medical emergency arise while at one of these events, I hereby give my permission
to the youth leader to select a physician to administer anesthesia, surgery, or other medical care, as needed
for the child, if a parent or guardian is not available at the time. (If a change in insurance companies or
other pertinent information occurs, I will submit a revised release form.)

MEDICAL COVERAGE

INSURANCE COMPANY _____

COMPANY ADDRESS _____ PHONE _____

POLICY # _____ PARENT'S SOCIAL SECURITY # _____

FATHER'S NAME _____ Cell# _____ WORK# _____

MOTHER'S NAME _____ Cell# _____ WORK# _____

EMERGENCY NUMBER, IF PARENT IS UNAVAILABLE _____

STUDENT INFORMATION

ADDRESS _____ ZIP CODE _____

PHONE _____ AGE _____ GRADE _____ HEIGHT _____ WEIGHT _____

BIRTHDAY _____ Cell # _____ SOCIAL SECURITY # _____

ALLEGERIES AND PERTINENT MEDICAL INFORMATION _____

I understand that if my student violates the "Student Ministry Guidelines," reasonable disciplinary actions
will be taken by the youth leaders. If extreme, I will be called to bring my student home at my expense.

(Legal Signature of Parent or Guardian) NOTARY STAMP REQUIRED

The foregoing instrument was acknowledged before me this _____ 20 _____

by _____ who is personally known to me or who has produced
_____ as identification and who did (did not) take an oath.

Notary, State of Florida