

Cordova Church of Christ  
Permission and Medical Release Form

Activity \_\_\_\_\_

Date of Activity \_\_\_\_\_

Cost \_\_\_\_\_

Deadline \_\_\_\_\_

I \_\_\_\_\_ give my child  
\_\_\_\_\_ permission to attend and participate in  
\_\_\_\_\_, and I hereby give permission to Aaron  
Redelsperger to seek and authorize medical treatment for my child in  
the case of an emergency.

Medical information

Insurance carrier \_\_\_\_\_

Insurance policy # \_\_\_\_\_

Parent information

Parent phone # \_\_\_\_\_

Parent name \_\_\_\_\_

Parent signature \_\_\_\_\_

Please list any Medical limitations or needs below.