

Nathan Zabka
Student Minister

Cherokee Hills Baptist Church

5700 NW 63rd
Oklahoma City, Ok 73132
www.cherokeehillsbaptist.org



Name: _____ Age: _____ Grade _____

Home Address: _____ Zip _____

Student Cell: _____ Email: _____

Parent/ Guardian Name (s): _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Name of Insurance: _____

*** Bring copy of Your Insurance Card ***

Medication taken regularly: _____

Known allergies/medication unable to take: _____

Date of last Tetanus Immunization: _____

Any illness of which we should be aware: _____

This is our parent permission to participate in all of the Cherokee Hills Baptist -Youth Activities. From **Vintage Weekend, Mission Trips, Youth Camp Trips**. The church will keep this on file, any changes with address or insurance information will be parents or guardian responsibly to make the changes. We will need to make *copies of your insurance card* and it will be stapled to the back of the medical release form.

This is good for the year of 2009.

(Name of Student) _____ has my permission to go with Cherokee Hills Baptist Church. I will not hold Cherokee Hills Baptist Church nor Sponsors responsible for any accident or injury to (name of student) _____. I (parent/guardian name) _____ give permission to authorize any medical procedure needed in case of an emergency as soon as possible. I also understand that I and my insurance is responsible for any medical care needed for my child.

Signature of Parent/ Guardian _____ Date _____

Emergency Phone: _____