

CONSENT, REGISTRATION AND MEDICAL TREATMENT
Quail Lakes Baptist Church
1904 Quail Lakes Drive
Stockton, CA 95207
209/951-7380

I give permission for my son/daughter _____ to attend the **Quail Lakes**

Baptist Church _____ on _____ 2009, in _____, CA. I understand and agree to the following guidelines:

1. I hereby give my permission for medical attention to be given to my young person in case of injury, illness, or accident, including major surgery. I realize I will be contacted at the earliest possible moment in case of such an accident or injury. My phone numbers are:

Home _____
Work _____
Address _____
Insurance Company _____ Policy # _____

2. I hereby release Quail Lakes Baptist Church and any other parties acting for the Church from liability in case of an accident. Further, the Church may continue to rely upon information contained in the **Annual Medical Form** now on file with Quail Lakes Baptist Church.

3. I hereby request that supervisors in this department carry out any discipline, if necessary, and that I will pay the expenses of my young person being sent home due to disciplinary action.

Signature of Parent/Guardian _____

Date _____