

# QUAIL LAKES BAPTIST CHURCH

1904 Quail Lakes Drive, Stockton, CA 95207  
209/951-7380

## CONSENT, REGISTRATION AND MEDICAL TREATMENT

I give permission for my son/daughter \_\_\_\_\_ to attend the **Quail Lakes**  
(Circle One) Minor's First and Last Names

**Baptist Church** \_\_\_\_\_ on \_\_\_\_\_ in \_\_\_\_\_  
Event Name Date (mo/day/yr) City, State

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 contact and insurance information is:

Home phone \_\_\_\_\_

Work phone \_\_\_\_\_

Cell phone \_\_\_\_\_

E-mail address \_\_\_\_\_

Address \_\_\_\_\_

Insurance Company \_\_\_\_\_

Policy Number \_\_\_\_\_

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 \_\_\_\_\_