

Rock Church Ministries
Youth Travel and Medical Release Form

I hereby authorize my child to be transported by adult drivers from Rock Church Ministry to and from church and ministry related activities.

In the event of an accident or emergency, I also give my permission for any adult driver or leader to secure whatever medical care they deem necessary for my youth's wellbeing. I have included below any pertinent medical information regarding my child, such as allergies or special conditions. In the event of such emergency, you will be contacted as soon as possible.

Youth's Name: _____

Youth's Cell #: _____

Date of Birth: _____

Parent's Name(s): _____

Address: _____

City/Town: _____ State: _____ Zip Code: _____

Emergency Phone #: _____

Insurance Company: _____ Policy #: _____

Allergies, dietary restrictions or special needs: _____

Signature of Parent or Guardian: _____ Date: _____

Rock Church Ministries
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