

Rome Light and Life Community Church
STUDENT MINISTRIES (6th-12th grade)

Permission of a parent/legal guardian is essential in order for a minor to participate:

My son/daughter (circle one) _____ Grade: _____

_____,

has my permission to attend _____. I understand every precaution will be taken for his/her health and safety. However, I assume responsibility in case of illness or accident and agree to hold

Rome Church harmless. By signing below, I also authorize Rome Church and its agents to seek medical services for my child/children on my behalf.

By signing this permission slip, I also permit the use of photography and video of my child to be used for purposes of Rome Church in promotional videos, website images, informational sheets, and other forms of Rome communication.

Parent/Guardian Name (PRINT first & last name) Parent/Guardian Signature Date

Address City Zip
(_____)
) _____

Home Phone # In case of emergency Cell Phone #

E-mail _____

Insurance Information/Policy # (_____)

Family Doctor Phone Number

Is any medication being taken? (Circle one) Yes No
If yes, please describe, if

relavant: _____

Special Instructions:

Allergic To:
