

# PARENTAL CONSENT FORM

Centerpoint Community Church  
515 Sunrise Avenue, Roseville, CA 95661  
782-3186

For any organized activity away from the church we require a permission slip which will allow us to obtain medical care for your student in the event we cannot contact you. No student will be allowed to attend activities away from the church without a completed form. Please return the completed form to a Highway 56 teacher or the church office.

ALL CENTERPOINT COMMUNITY CHURCH EVENTS FOR



Name \_\_\_\_\_ Age \_\_\_\_\_ Birth Date \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

School \_\_\_\_\_ Grade in Fall 2026 \_\_\_\_\_

Allergies: \_\_\_\_\_

Mom

Dad

Parent Home Phones \_\_\_\_\_

Parent Cell Phones \_\_\_\_\_

Parent E-mail Address \_\_\_\_\_

**MEDICAL RELEASE:** In case of emergency, I understand that a reasonable effort will be made to contact me. If I cannot be reached, I hereby give an agent of the Centerpoint Community Church the permission to any licensed physician selected by this agent to administer such emergency treatment as said physician in his/her judgment deems necessary. I hereby absolve Centerpoint Community Church and its agents and employees from any and all liability resulting from their conformance with these instructions.

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

Father's Name

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

Mother's Name

Emergency Phone \_\_\_\_\_

Legal Guardian's Name

\_\_\_\_\_  
*Signature of Parent / Legal Guardian*

Check this box if you DO NOT want photographs of your child used for publicity purposes.

This form is on file and valid for any off-site activity occurring from  
**June 1, 2026 through June 30, 2027**