

# COME & SEE Teens Encounter Christ

## MEDICAL AUTHORIZATION FORM

Medical Authorization must be signed by parent or guardian (or by attendee if over 18.)

**\*\*\* Please Print \*\*\***

REGISTRANT  
NAME:

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PARENT/GUARDIAN  
FIRST & LAST NAME:

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ADDRESS:

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CITY:

STATE:

ZIP:

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EMERGENCY PHONE NUMBERS:

DAY:

NIGHT:

OTHER:

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INSURANCE COMPANY:

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POLICY NUMBER:

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IMPORTANT MEDICAL INFORMATION:

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My son/daughter has permission to engage in all TEC activities. In the event that I cannot be reached in an emergency, I hereby give my permission to the attending physician to secure proper treatment for my child as named above.

SIGNATURE

DATE

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