



Teen Event Permission Form

Student's Full Name: _____
(Last, First, M.I.)

Address: _____

City, State, Zip: _____

Student's Phone: _____ Birthday (mm/dd/yyyy): _____

Student Email: _____

High School Graduation Year: _____ Home Church Name: _____

I do not wish to be put on the OCC mailing list.

Insurance and Health Information

Insurance Company: _____

Policy Number: _____

Known Allergies: _____

Parent/Guardian Consent Required for those under 18 years of age

In the event of an emergency, I give permission for my son/daughter to receive medical treatment.

Parent/Guardian Name: _____

Parent/Guardian Signature: _____

Parent/Guardian Emergency Number: _____ Date: _____

Your child's attendance constitutes permission for OCC to use their likeness in future communications.