



Consent for Treatment and Release of Liability

I, _____, hereby give permission to Convergence School of Supernatural Ministry, Convergence Church and Staff to secure any necessary medical or surgical treatment for _____ (CSSM Student) in the event of an emergency, due to sickness or accident, while he/she is attending any Convergence School or Church event, whether on or off campus grounds.

I understand that the above student's Physician, Dr. _____ (phone #) _____ will be contacted if necessary, and my insurance plan will be utilized for coverage of any/all medical expenses.

I release Convergence School of Supernatural Ministry, Convergence Church, their staff, volunteers, assistants and agents from any liability for injuries or illness which might occur to _____ (CSSM Student) while he/she is attending Convergence School of Supernatural Ministry or Convergence Church or any outreach or related activities.

Signature of Student or Parent/Guardian

Date

Health Insurance: _____

ID# _____ Group _____

Name of Insured _____

Social Security Number (if required for medical claim) _____

Please return form to:

Administration
Convergence School of Supernatural Ministry
5745 James Avenue
Fort Worth, TX 76134

Or FAX form to: 817-293-9209