

**First Assembly of God Youth Activities
Medical Release Form/Permission Slip**

STUDENT INFORMATION:

Full Name: _____

Address: _____ Phone: _____

City, State, Zip: _____ Birthday: _____

Emergency Contact Information: _____

MEDICAL INFORMATION:

Physician's name & phone: _____

Health Insurance Co. & Policy #: _____

Known Allergies: _____

Current or Chronic Conditions: _____

Medications now taking: _____

Are immunizations current? ___ Yes ___ No Is Tetanus current? ___ Yes ___ No Blood Type _____

Is there anything that will prevent or restrict child's participation? ___ Yes ___ No If Yes, please explain:

ACTIVITY DESCRIPTION

Youth retreat/canoe trip: We will be traveling to the Cincinnati and Batavia, Ohio area to attend a overnight youth rally at Real Life Assembly of God followed by a canoe trip. This activity will take place on August 13th – 14th. The church will line up proper transportation with use of the 11 passenger church van as well as possible secondary vehicles as needed.

MEDICAL & LIABILITY RELEASE

In the event of sickness, injury or some medical emergency, I request that my child receive any medical attention or treatment deemed necessary. I, the parent or guardian, give permission and hold harmless to any hospital, doctor, and/or health care provider to transport, treat, and/or admit for care my child. In the event that I am not present at the time of the emergency, my child's care has been entrusted to the staff and designated youth leader of First Assembly of God, Bryan, OH while attending or being transported to the above described event or any related transportation.

I also release First Assembly of God, its agents, assigns, staff, employees as well as volunteer workers from any liability whatsoever arising out of property damage or loss as well as any injury, sickness or death which may be sustained by my child as the result of participation in the above described activity.

NAME & SIGNATURE OF PARENT or GUARDIAN

_____ DATE _____