



Permission Slip for 2009



Student Ministries

Assembly of God

Emergency Contact and Medical Information

Child's Name		Date of Birth		Sex M F	
Parent's/Guardian's Name		Parent's/Guardian's Name			
Home Phone	Work/cell Phone	Home Phone	Work/cell Phone		
()	()	()	()		
Address		Address			
City, ST ZIP Code		City, ST ZIP Code			

Alternative Emergency Contacts

Primary Emergency Contact		Secondary Emergency Contact	
Home Phone	Work Phone	Home Phone	Work Phone
()	()	()	()
Address		Address	
City, ST ZIP Code		City, ST ZIP Code	

Medical Information

Hospital/Clinic Preference

Physician's Name Phone Number

Insurance Company Policy Number

Allergies/Special Health Considerations

I authorize all medical and surgical treatment, X-ray, laboratory, anesthesia, and other medical and/or hospital procedures as may be performed or prescribed by the attending physician and/or paramedics for my child and waive my right to informed consent of treatment. This waiver applies only in the event that neither parent/guardian can be reached in the case of an emergency.

Parent's/Guardian's Signature Date

I give permission for my child to go on all field trips and participate in all activities for 2009. I release Glad Tidings Assembly of God, employees and volunteers from liability in case of accident during activities related to Glad Tidings Assembly of God, and REvive Student Ministries.

Parent's/Guardian's Signature Date