1st Assembly of God

P. O. Box 97
Wylie, TX 75098
972-442-2548

PERMISSION FORM AND RELEASE OF LIABILITY

*ONE FORM PER CHILD

Activity Planned: Mother's Morning Out

I (We) the parent, parents, or legal guardian of ______________________________, age _________ do hereby give permission to 1st Assembly of God Wylie TX, and its representatives to entertain and supervise the above said child.

I (We) also give permission for the above said child to participate in the announced activity having been made aware of said activity.

I (We) understand that in case of accident, injury, liability or even death, the above mentioned Church and its representatives cannot and will not be held responsible beyond any insurance coverage that may be available.

It is the desire of 1st Assembly of God Wylie TX and its representatives to provide adequate supervision for your child while in our care. The above permission for and release of liability is for the protection of the church and its representatives and should not be interpreted in any other way.
We love your child and will endeavor to do our part to insure a safe activity.

This form is valid as long as your child attends the above said activity and/or either party discontinues this service.

____ ____________________
(Signature) (Date)

1ST ASSEMBLY OF GOD

CHILD/YOUTH MEDICAL FORM

PLEASE PRINT ****ONE FORM PER CHILD***

Child's Name ____ Date of Birth __________________________________

IN CASE OF EMERGENCY Please Notify:

Parent/Guardian ____ **Home Phone ( ) ___________ Work Phone ( ) ______________**

Email ____

If Parent/Guardian cannot be contacted, please notify:

Name ____ **Home Phone (**) __________________ **Work Phone (**) ______________

Name ____ **Home Phone (**) __________________ **Work Phone (**) ______________

Name of Physician ____ **Phone (**) ____

Medical/Hospital Insurance Carrier ____ Policy/Group Number _______________________

The Retreat Insurance carrier does not cover pre-existing medical conditions.

HEALTH HISTORY:
IMMUNIZATIONS: (Please list last date given.) __________ Oral Polio ________ Measles ________ Rubella _________ Mumps
__________ DPT (Diphtheria/Pertussis/Tetanus)

CHRONIC/RECURRING CONDITIONS: (Check all that apply.)

_______ Asthma/Respiratory Problems
_______ Kidney Disease/Bed wetting
_______ Heart Disease
_______ Diabetes
_______ Ear Infection
_______ Special Dietary Regimen
_______ Seizures
_______ Emotional Disturbances
_______ Sickle Cell Trait or Disease
_______ Epilepsy
_______ Headaches
_______ Fainting
_______ Nosebleed
_______ Other __________________
_______ Bleeding/Clotting Disorders
_______ Hypertension
_______ Constipation
_______ Hearing Impairment
_______ Musculoskeletal disorders
_______ Musculoesceletal

Date of last examination ____
Are activities restricted? ________ Yes ___________ No If yes, explain ____
CURRENT MEDICATION: Specify ____ Needed during activity? _____ Yes _____ No

ALLERGIES: Check all that apply and list specific allergen.
_______ Animals ___________________________________
_______ Food ___________________________________
_______ Insect Bites ___________________________________
_______ Hayfever ___________________________________
_______ Plants ____
_______ Pollen ____
_______ Medicines/Drugs ________________________________
_______ Other ____

Check if you/child wears: _____ Contact Lenses _____ Glasses _____ Dental appliance ______ Other _____________________
May be given Tylenol? ____ Yes ____ No May be given Benadryl? ____ Yes ____ No May be given Ibuprofen? ____ Yes ____ No

APPLICATION/TREATMENT AUTHORIZATION:

I authorize the adult in charge to consent to medical treatment when either I or my assignee cannot be contacted. I understand that every effort will be made to contact me regarding medical attention given to my child. I also understand that participants at 1st Assembly of God Wylie, TX are liable for damage caused intentionally or maliciously. Damage caused by a participant will be billed directly to the participant responsible and their legal guardian. I understand that this is a voluntary activity. Children/Youth must be willing to cooperate with the overall spirit and schedule of the activity.

Parent/Guardian Signature: **____ *Date Signed:* ______________________________**

SCAN AND EMAIL BOTH PAGES TO: mothersmorningout20@gmail.com

Registration is not complete until payment is made through Online PayPal. Note that payment may be made with PayPal or a Credit Card even if you do not have a PayPal account.