

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

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 _____	_____ Plants _____
_____ Food _____	_____ Pollen _____
_____ Insect Bites _____	_____ Medicines/Drugs _____
_____ Hayfever _____	_____ 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