

Child's Name \_\_\_\_\_ Grade \_\_\_\_\_

## PERMISSION SLIP FOR ANY CHURCH-RELATED FUNCTION AND CONSENT FOR MEDICAL TREATMENT

The undersigned hereby gives permission for \_\_\_\_\_, a minor child, to attend any church-related function of Living Streams Church. In the event there is an emergency involving said child, permission is hereby granted for Living Streams Church personnel to consent to any x-ray examination, anesthetic, medical or surgical diagnosis or treatment; and hospital care to be rendered to the minor under the general or special supervision and on the advice of any physician or surgeon licensed to practice in any state; and to consent to any x-ray examination, anesthetic, dental or surgical diagnosis or treatment and hospital care to be rendered to the minor by any dentist licensed to practice in any state; and church personnel shall not be held personally liable.

\_\_\_\_\_  
Signature of Parent or Legal Guardian  
(sign in presence of Notary Public)

\_\_\_\_\_  
Address

\_\_\_\_\_  
City State Zip

\_\_\_\_\_  
Phone (with area code)

STATE OF ARIZONA, COUNTY OF MARICOPA

Subscribed and sworn to before me

This \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

by \_\_\_\_\_  
(print your name)

Notary Public: \_\_\_\_\_

My Commission Expires: \_\_\_\_\_

## PHOTOGRAPHY PERMISSION

Initial here: \_\_\_\_\_

By my initials I acknowledge that I understand that photographs/video may be taken during Living Streams Church events and that Living Streams Church may use photographs and video that may or may not include my child's image in publications and other media controlled by Living Streams Church. I also understand that my child's name will not accompany such images.

## EMERGENCY CONTACT INFORMATION

Child's Name: \_\_\_\_\_ Date of Birth \_\_\_\_\_

Parent's Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

Nearest Relative/Neighbor: \_\_\_\_\_ Phone: \_\_\_\_\_

Family Insurance Number: \_\_\_\_\_ Insurance Company: \_\_\_\_\_

Date of last Tetanus shot: \_\_\_\_\_

Date of last Measles shot: \_\_\_\_\_

Does your child take any regular medicine? \_\_\_\_\_ If so, what: \_\_\_\_\_

Does your child have any allergies? \_\_\_\_\_ If so, what: \_\_\_\_\_

