

CATONSVILLE ASSEMBLY OF GOD PERMISSION/MEDICAL RELEASE

I give permission for _____
my child to attend:

Child's Name _____
Last First Middle Initial

Age _____ Birth Date _____

Address _____ Home Phone () - _____

City _____ State _____ Zip _____

Parent/Guardian Names _____

Cell/Other Phone # () - _____ () - _____

If you are going to be away from home please give a number in which you can be contacted.

Parent's Alternate #'s () - _____ () - _____

Name/Location of #'s _____

Emergency Contact _____ () - _____

PARENT PERMISSION of TRANSPORTATION FORM

I hereby authorize _____ (my child/ward) to attend this Pulse Student Ministry Event. In the event of any accidents, I will not hold Catonsville Assembly of God or its leaders, the driver of the supplied transportation, or the owner of the supplied transportation responsible.

Should it be necessary for my child to return home due to medical reasons or otherwise, the undersigned shall assume all transportation costs. The undersigned does also hereby give permission for my child/ward to ride in any vehicle designated by the adult in whose care the minor has been entrusted while attending and participating in activities sponsored by Catonsville Assembly of God

EMERGENCY MEDICAL INFORMATION AND AUTHORIZATION

I authorize an adult, in whose care the minor has been entrusted, to consent to any X-ray examination, anesthetic, medical, surgical or dental 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, dentist, or licensed hospital, whether such diagnosis or treatment is rendered at the office of said physician or at said hospital. (Every attempt will be made to contact the parent in case of any emergency.)

The undersigned shall be liable and agree(s) to pay all costs and expenses incurred in connection with such medical and dental services rendered to the aforementioned child pursuant to this authorization.

CHILD'S MEDICAL HISTORY

List any allergies, physical/emotional limitations: _____

Can the child take Tylenol or generic form of Tylenol? _____

Specify any medications that must be administered: _____

I (**DO / DO NOT**) authorize the leader to administer proper dosage as needed.

Hospital Insurance Yes No

Insurance Company _____

Policy Number _____

Physician's Phone Number _____

By signing below, I agree to all of the above mentioned terms...

Parent/Legal Guardian's Name (Please Print) _____

Parent/Legal Guardian's Signature _____

Date _____