

# Parent Information & Medical release form

Name:		Date of Birth:	
Address:			Age:
City:	State:	Zip:	
Phone:		Sex: M / F	
Parent(s) Business phone:		Cell phone #	

## **Consent and certification:**

I, the Undersigned do hereby give permission for our (my) child \_\_\_\_\_  
(Name of Child)

To attend and participate in the activities sponsored by The Assembly of God in Willmar on \_\_\_\_/\_\_\_\_/\_\_\_\_  
(Date)

## **Medical Treatment Authorization:**

In case of an emergency, we (I) authorize an adult, in whose care my child has been entrusted, to consent to any x-ray examination, and medical attention. I understand that in the event medical intervention is needed, every attempt will be made to contact immediately the persons listed on this form. In the event I cannot be reached in an emergency during the activity dates shown on this form. I hereby give my permission to the physician or dentist selected by the leader to hospitalize secure medical treatment and/or order an injection, anesthesia, or surgery for my child as deemed necessary. I understand all reasonable safety precautions will be taken at all times by The Assembly of God and its agents during the events and activities. I understand the possibility of unforeseen hazards and know the inherent possibility of risk. I agree not to hold The Assembly of God in Willmar, its leaders, employees, and volunteer staff liable for any damages, losses, or injuries incurred by the person on this form.

Parent / Guardian Signature:	
Signature of Student (If over age of 18)	
Hospital Insurance <input type="checkbox"/> Yes <input type="checkbox"/> No	
Insurance Co.	Father Signature
Policy #:	Mother Signature
Emergency Phone Numbers ( ) ( )	Legal Guardian Signature
Insured's Social Security #	Childs Social Security #

Is your child on any medication?  Yes  No

If your child is on any medication, there will be an adult leader who will make sure the medication is taken on time.

Does your child have any known allergies?  Yes  No



On the back please list any other comments or concerns that you may have.