

***New Life Assembly of God***  
Children/Student Ministries

**Permission Slip & Medical Release**

---

Child/Student's Name	DOB	Age	Grade
----------------------	-----	-----	-------

---

Address	City	State	Zip
---------	------	-------	-----

---

Parent(s)/Legal Guardian(s) Name & Relationship

Lives With:     Both Parents     Mother     Father     Guardian

---

Home Phone	Father's Work Phone	Mother's Work Phone
------------	---------------------	---------------------

---

Emergency Names & Phone Numbers

---

Doctor's Name	Office Phone
---------------	--------------

---

To Whom May We Release Your Child/Student?

**Permission to Participate and Release of Liability**

I give permission for my son / daughter \_\_\_\_\_ to participate in this activity/function of New Life Assembly of God Children or Student Ministries. I consent and agree to indemnify and hold harmless THE NORTHWEST DISTRICT MINISTRY NETWORK OF THE ASSEMBLIES OF GOD and NEW LIFE ASSEMBLY OF GOD, their agents, employees, or volunteer assistants from all claims that I or they might have arising out of my child's/student's participation in this program and its events which is over and above that which is covered by insurance.

---

Parent/Guardian's Signature	Date
-----------------------------	------

<b>Office Use:</b> _____ Date Returned      Finances OK'd      Event
---

***New Life Assembly of God***  
Children/Student Ministries

**Emergency Medical Care and Treatment**

If it should become necessary for my child to receive medical treatment for any reason, I understand that the medical insurance policy of THE NORTHWEST MINISTRY NETWORK OF THE ASSEMBLIES OF GOD and NEW LIFE ASSEMBLY OF GOD acts in a primary position only when the participant is not already covered by insurance. Consequently, I agree to submit all claims first to my insurance company and then to the insurance company for THE NORTHWEST MINISTRY NETWORK OF THE ASSEMBLIES OF GOD and NEW LIFE ASSEMBLY OF GOD.

I also accept full responsibility for the cost of medical treatment for any injury suffered while taking part in the program which is over and above that which is covered by insurance.

In addition, I authorize and consent to all medical, surgical, diagnostic, and hospital procedures as may be performed or prescribed by a physician to safeguard my child's health, and when it is not advisable to take the time to contact me in advance, I waive my right to "informed consent" for such treatment.

Moreover, I understand that temporary emergency measures may be necessary to safeguard my child's health, and I do hereby authorize and request THE NORTHWEST DISTRICT OF THE ASSEMBLIES OF GOD and NEW LIFE ASSEMBLY OF GOD personnel to administer or supervise such treatment and to do any procedure they deem necessary until such time as my child can be safely transported to a doctor or hospital.

**Medical Information:** \_\_\_\_\_

---

---

---

---

---

---

---

---

**Allergies, medications, activity restrictions, seizure probability, etc.:** \_\_\_\_\_

---

Parent/Guardian's Signature

Date

Emergency Phone #