

# Faith Assembly of God

## Medical Release Form

In the event your child is injured while participating in a Faith Assembly of God event, this permission form will be readily accessible and taken with the child to an accredited hospital and/or physician deemed necessary. It is the responsibility of the parents to update Faith AG office with any insurance, medication, or other information on this form.

### CHILD INFORMATION

Child's Name: \_\_\_\_\_ Child's Grade: \_\_\_\_\_  
(Last) (First) (Middle)  
Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

### PARENT/GUARDIAN INFORMATION

Name of Parents/Guardian: \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Parent's e-mail: \_\_\_\_\_

Home phone: \_\_\_\_\_ Alternate Phone/Location: \_\_\_\_\_

Dad's Cell Phone: \_\_\_\_\_ Mom's Cell Phone: \_\_\_\_\_

Dad's Work Phone: \_\_\_\_\_ Mom's Work Phone: \_\_\_\_\_

Emergency/Alternate Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_

### MEDICAL INFORMATION

Family or Child's Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Physician's Address: \_\_\_\_\_  
\_\_\_\_\_

Allergies: \_\_\_\_\_  
\_\_\_\_\_

Medications (Name/Dosage/Purpose): \_\_\_\_\_  
\_\_\_\_\_

Special Medical Conditions or Needs: \_\_\_\_\_

*Please complete insurance information on the back of this form.*

## INSURANCE INFORMATION

Insurance Company: \_\_\_\_\_ Company Phone: \_\_\_\_\_

Subscriber's Name: \_\_\_\_\_

Subscriber's Employer \_\_\_\_\_

Policy Number: \_\_\_\_\_ Group Number: \_\_\_\_\_

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I/We also give permission for the staff and/or volunteer leaders of Faith Assembly of God to authorize medical treatment for my child in case of an emergency where I cannot be contacted. I do not hold Faith Assembly of God, its staff or volunteer leaders liable for any accidents, injuries, or illnesses incurred during this event. I understand that I am responsible for any expense of my child's medical care and that my family insurance is primary. No other insurance is provided. I also understand that I am financially responsible for any damage done by my child to any facility, equipment or vehicle, or injury to another. I agree to pay in full for my child to be returned home for any behavior deemed necessary by the staff/volunteer leaders of Faith Assembly of God and this will be at their discretion.

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Signature of Parent(s) or Guardian / Relationship    Signature of Parent(s) or Guardian / Relationship

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Print Name of Parent(s) or Guardian / Date    Print Name of Parent(s) or Guardian / Date

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