

# Faith Assembly of God

70 Hines Ln. • Lexington VA 24450 • (540)464-3088

## Permission Slip

**Activity:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Child Name: \_\_\_\_\_ Date of birth: \_\_\_\_\_ Age: \_\_\_\_ Sex: \_\_\_\_  
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Child Name: \_\_\_\_\_ Date of birth: \_\_\_\_\_ Age: \_\_\_\_ Sex: \_\_\_\_

This permission includes activities on and/or away from the church premises as well as transportation to and from such activities.

I 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.

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**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Other: \_\_\_\_\_