

PERMISSION SLIP

I, _____, being the parent/legal guardian of _____, hereby give my consent for the child named above to go on the Colfax Assembly of God _____. (event)

In consideration of the child being allowed to participate in event I hereby assume all risks in connection with the event and I further release Colfax Assembly of God, pastoral staff, employees, and volunteer assistants from any liability whatsoever arising out of injury, sickness, or damage which may be sustained by my child during said event.

Medical Treatment and Consent for Treatment Form

I, _____ (parent or guardian) of _____ do hereby authorize emergency medical personnel, emergency room personnel, hospital personnel and treating physicians to provide necessary and appropriate emergency care, surgical care, and anesthetic care which is deemed advisable, within sound medical practice, such as the occasion demands, within their best medical judgment, in the best interests of the patient. The consent includes but is not limited to all treatment necessary to preserve life, limb, and the health of the patient, X-rays, diagnostic tests, blood tests, administration of medication, scans toxicology screens, intravenous treatments and related procedures. I understand that I assume all financial responsibility for the delivery of such care at the time that such care is provided by the agency, hospital, or facility.

Child's Name: _____ Date of Birth: _____

Address of Child: _____

Home Phone: _____ Work Phone: _____

Emergency Contact: _____ Phone: _____

Allergies: _____

Current Medications: _____

Existing Conditions: _____

Medical History: _____

Family/Primary Doctor: _____

Insurance Carrier: _____ Policy Number: _____

Parent/Guardian Signature: _____

