

**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 Youth Ministry trip to **Northwest Youth Conference**. 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:** \_\_\_\_\_