



## Trinity Assembly of God Worship Center Annual Permission Form

Effective Dates: January 1, 2017 – December 31, 2017

A completed annual permission form is required in order for any student in 6-12<sup>th</sup> grade to participate in a youth ministry event. Once submitted, this form is kept on file until the expiration date above.

### STUDENT INFORMATION

Name \_\_\_\_\_ Grade \_\_\_\_\_ DOB \_\_\_\_\_ Gender \_\_\_\_\_

School \_\_\_\_\_

Primary Address \_\_\_\_\_

Secondary Address \_\_\_\_\_

Email \_\_\_\_\_

Phone (Home) \_\_\_\_\_ Phone (Cell) \_\_\_\_\_

### PARENT/GUARDIAN INFORMATION

Name(s) \_\_\_\_\_

Email(s) \_\_\_\_\_

List all phone numbers where the parent/guardian can be reached (type: home, work, cell)

Name \_\_\_\_\_ # \_\_\_\_\_ Type \_\_\_\_\_

Name \_\_\_\_\_ # \_\_\_\_\_ Type \_\_\_\_\_

Name \_\_\_\_\_ # \_\_\_\_\_ Type \_\_\_\_\_

Name \_\_\_\_\_ # \_\_\_\_\_ Type \_\_\_\_\_

### EMERGENCY CONTACT

Name \_\_\_\_\_ # \_\_\_\_\_ Relation \_\_\_\_\_

Name \_\_\_\_\_ # \_\_\_\_\_ Relation \_\_\_\_\_

# Parental Consent

The undersigned does hereby give permission for my child \_\_\_\_\_ to attend and participate in any Trinity Assembly of God children/youth ministry activities, events and childcare during the period of **January 1, 2017 - December 31, 2017**.

**LIABILITY RELEASE:** In consideration of Trinity Assembly of God allowing the participant to participate in children/student ministry (activities, events, retreats, lock-ins, trips, etc.), I, the undersigned, do hereby release, forever discharge and agree to hold harmless from any and all liability, claims or demands for accidental personal injury, sickness or death, as well as property damage and expenses, of any nature whatsoever which may be incurred by the undersigned and the participant while involved in the children/student activities and childcare. I, the parent or legal guardian of this participant hereby grant my permission for the participant to participate fully in children/youth ministry activities and childcare, including trips away from the church premises. Furthermore, I, on behalf of my minor participant, hereby assume all risk of accidental personal injury, sickness, death, damage and expense as a result of participation in recreation and work activities therein.

**MEDICAL TREATMENT PERMISSION:** I authorize an adult, in whose care the minor has been entrusted, to consent to any emergency x-ray examination, anesthetic, medical, surgical or dental diagnosis or treatment and hospital care, to be rendered to the minor under the general or special supervision and on the advice of any physician or dentist licensed under the provisions of the Medical Practice Act on the medical staff of a licensed hospital or emergency care facility. The undersigned shall be liable and agrees to pay all costs and expenses incurred in connection with such medical and dental services to the aforementioned child or youth pursuant to this authorization.

**EARLY RETURN HOME POLICY:** Should it be necessary for my child or youth to return home due to medical reasons, disciplinary actions or otherwise, the undersigned shall assume all transportation costs and responsibility.

**TRANSPORTATION PERMISSION:** The undersigned does also hereby give permission for my child/youth to ride in any vehicle driven by an approved and licensed adult chaperone while attending and participating in activities sponsored by Trinity Assembly of God.

\_\_\_\_\_  
Name of participant

x \_\_\_\_\_  
Signature of participant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name of parent/guardian

x \_\_\_\_\_  
Signature of parent/guardian

\_\_\_\_\_  
Date

# Medical Information

## PARTICIPANT INFORMATION

Full Name \_\_\_\_\_

Home Phone \_\_\_\_\_ DOB \_\_\_\_\_

## PARENT/GUARDIAN CONTACT INFORMATION

Full Name \_\_\_\_\_

List ALL parent/guardian contact phone numbers in best order to be reached \_\_\_\_\_

## PRIMARY CARE PHYSICIAN

Physician's Name \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Name of practice \_\_\_\_\_

## INSURANCE INFORMATION

Medical Insurance Company \_\_\_\_\_

Phone \_\_\_\_\_ Policy/Group ID# \_\_\_\_\_

Policyholder's Name \_\_\_\_\_

## MEDICATION

List all medication the student will take during any activities and events. This includes any prescription, non-prescription medications, herbal supplements and vitamins.

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**Over-the-Counter Medication Permission:** Do you give permission for your child/youth to be given over-the-counter medication as needed and as directed on the label, to treat non-emergency medical conditions that do not require a doctor or hospital visit while at an event? (Please check one)

**No**

**Yes**

**MEDICAL CONDITIONS:** Please answer in detail if applicable or write N/A. Attach additional pages if necessary.

List any medical conditions and/or allergies of the participant:

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