



New Life Assembly of God

Permission & Medical Release

This is a general permission & medical release, which enables the parent or guardian to give consent for their child to attend & participate in any or all group activities for the time period of January 1, 2018 to December 31, 2018.

While striving to ensure a wholesome, safe, & closely supervised environment for youth in our care, New Life Assembly of God cannot be liable for any unseen &/or unforeseeable accidents or injuries which may occur during the course of any activity. Responsible leaders, persons, & acting agents transporting on behalf of New Life Assembly of God assume no personal liability in case of accident or sickness.

I hereby consent to allow my child (name) _____ to attend & participate in ALL group activities. I also give my permission, in case of medical emergency, for the leader in charge to hospitalize &/or secure the services of a licensed physician or surgeon in providing necessary care for my child as named on this form.

Guardian's Signature

Date

CHILD'S INFORMATION

Name _____ Date of Birth _____

Address _____

Guardian(s) _____ Phone _____

Medications _____

Known Allergies (& Responsive Medications) _____

Known Health/Developmental Disorders & Responsive Protocol _____

EMERGENCY CONTACT

Name _____ Relationship _____

Home Phone _____ Cell Phone _____

PHOTO PERMISSIONS

- Yes**, photos or videos of my child **may be** shared on New Life's official social media platforms, website, & printed publications.
- No**, photos or videos of my child **may not be** shared on New Life's official social media platforms, website, & printed publications.