



New Life Assembly - Event Permission/Medical Slip

Please read this slip carefully, fill out completely, sign and return by day of activity. Your child / children MUST have a signed permission slip in order to attend.

Thank you.

NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ D.O.B.: \_\_\_\_\_

\_\_\_\_\_

I, \_\_\_\_\_ as parent / guardian of the above named child, give him / her permission to participate in \_\_\_\_\_ with New Life Assembly of God in East Berlin. I release the church and its representatives from any liability in the event of an accident enroute, during, or returning from an activity. I also authorize them to obtain any emergency medical attention that may be required during my child's attendance.

SIGNED: \_\_\_\_\_ DATE: \_\_\_\_\_

Parent / Guardian

Parent / Guardian: \_\_\_\_\_

Please Print

Emergency Phone Number: \_\_\_\_\_

Alternate Phone Number: \_\_\_\_\_

I \_\_\_\_\_ give permission for

\_\_\_\_\_ to pick up \_\_\_\_\_.

Special Medical Needs:

Are there any specific (such as allergies) or special medical needs that we should be aware of for your child? Please list them below along with any information that could be helpful. If you should need more space please write on the back of this form.

Thank you.

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