

Abundant Life Assembly of God
130 S. Main St. -- PO Box 724 -- Brooklyn, MI

Medical/Permission and Release Form
This form is valid for ALL Church-Sponsored Youth Activities
This Annual Form is valid from June 1, 2018 to June 1, 2019

Student Name: _____ Age: _____
Goes by: _____ DOB: _____ Phone: _____
Address: _____ State: _____ Zip: _____

In Case of an Emergency Notify: _____
Relationship: _____ Phone: _____
Or _____
Relationship: _____ Phone: _____
Family Physician: _____ Phone: _____
Family Insurance Company: _____ Policy #: _____

Past Medical History: (Check giving appropriate information)

Asthma Sinusitis Bronchitis Kidney Trouble Heart Trouble Diabetes
 Dizziness Hay Fever Stomach Upset Other _____
Allergies: Food(s): _____
Penicillin or Other Drug(s) (Name): _____
Insect Stings/Bites: _____
Poison Sumac, Ivy, or Oak: _____
Previous Operations or Serious Illness: _____
Any Current Medication(s) List: _____
Special Diet (Name): _____
Immunizations: Tetanus
 Other _____

Permission for Treatment:

My permission is granted for the **Abundant Life Assembly** Church, Pastor, Minister of Music, Youth, and other staff personnel or other adult(s) in charge to obtain necessary medical attention in case of sickness or injury to my child.

I, the undersigned, do hereby verify that the above information is correct and I do hereby release and forever discharge all sponsors and the **Abundant Life Assembly** Church from any and all claims, demands, actions or causes of action, past, present, or future arising out of any damage or injury while participating in a church-sponsored youth activity.

Parent / Legal Guardian: (print) _____
(if not above) cell phone: (_____) _____
Parent / Legal Guardian: (sign) _____ Date: _____