

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

Parental Consent Form (for off campus events)

Event Name: _____

Event Location: _____

Event Date: _____ **Event Cost:** _____

Date & Time of Departure: _____

Date & Time of Return: _____

Student Name: _____ Age: _____

Student Name: _____ Age: _____

Student Name: _____ Age: _____

Student Name: _____ Age: _____

Student(s) has an Annual Medical Release Form on file

Parental Permission:

I / We as legal guardians of above student(s), do hereby agree and make public that I / We will not hold Abundant Life Assembly of God Church or its affiliates or any adult sponsor responsible for any accidents or injury that may occur while on this trip.

Disciplinary Agreement:

I / We understand that while the above named student(s) participates in any regularly sponsored activity, he or she is responsible to abide by the rules set forth by the sponsoring organization, its leaders, and supervisory personnel. Any serious infraction of rules and/or conduct by a child can result in dismissal from the program. In the event your child is dismissed from the program, I / We the undersigned, agree to assume the cost of returning the child to his/her home. I / We also agree to forfeit any possible refund. I / We understand that such actions would only be taken under extreme circumstances and only after direct consultation with the child's pastor and parent or guardian.

Parent / Legal Guardian: (print) _____ Phone: _____

Parent / Legal Guardian: (sign) _____ Date: _____

Parent / Legal Guardian: (print) _____ Phone: _____

Parent / Legal Guardian: (sign) _____ Date: _____

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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: _____