



PERMISSION SLIP / MEDICAL RELEASE

DEPARTMENT: _____ EVENT: _____

AT FIRST A/G ____ OTHER LOCATION: _____

DATE: _____ TIMES: (from) _____ (to): _____ COST: _____

Transportation Provided by: (circle) Attendee / Church

Leaving from: _____ At (time): _____

Returning to: _____ At (time): _____

Cut Keep Above Section
Here*****
Please Return This Section

I give my child(ren), _____ Age(s): _____

permission to attend (event) _____ on _____.

I also give the chaperones authorization to administer emergency medical assistance in my absence. I have previously signed and agree to all information on the First Assembly of God General Liability Release form.

Is your child currently taking any medications? Y / N Please list: _____

Is your child allergic to any medications? Y / N Please list: _____

Does your child have any physical condition that would limit activities? Y / N

Please explain: _____

Doctors Name/address: _____ Phone: _____

Permission for Pain/Headache Medication (12 years and older):

Acetaminophen/Tylenol: Reg. Strength (325MG) How Many? ____ X-Strength (500mg) How Many? ____

Ibuprofen/Advil: (200MG) How Many? ____

In case of an emergency, please contact me at: (phone/cell) _____

Secondary contact: (name) _____ Phone: _____

Signature of Parent or Guardian

Date