



**PERMISSION SLIP / MEDICAL RELEASE**

Department: Ranger Kids \_\_\_\_\_ Missionettes \_\_\_\_\_ Youth \_\_\_\_\_ Other \_\_\_\_\_

EVENT: \_\_\_\_\_

LOCATION: \_\_\_\_\_

DATE: \_\_\_\_\_ TIMES: (from) \_\_\_\_\_ (to): \_\_\_\_\_

Transportation Provided by: (circle) Attendee / Church

Leaving from: \_\_\_\_\_ At (time): \_\_\_\_\_

Returning to: \_\_\_\_\_ At (time): \_\_\_\_\_

Cost: \_\_\_\_\_

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: \_\_\_\_\_

In case of an emergency, pleased contact me at: (phone/cell) \_\_\_\_\_

Secondary contact: (name) \_\_\_\_\_ Phone: \_\_\_\_\_

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date