

Permission Release & Information Form

(no admittance without this form!)

Name _____ Phone Number _____

Address _____ City _____ Zip _____

Regular _____ Visitor _____ Invited By _____

I agree that the staff member or adult in charge is authorized to solicit medical care in the best interest of my child in case of an emergency arising during the course of said minor's attendance at the aforesaid function. I further understand and agree that my medical insurance coverage or other applicable insurance coverage's, if any, are primary coverage's for the protection of my child and that any insurance coverage provided by Collinsville Assembly of God are secondary coverage's.

Signature of Parent or legal Guardian _____

Date _____ Emergency Phone Number _____

MEDICAL INFORMATION

_____ I have given the church a medical release form with my insurance Information. Therefore, I do not need to complete the medical information part of this form.

Allergies _____

Medications being taken _____

Physical limitations _____

Allergies to known medications _____

Special Diet/Other _____

Medical Insurance Company _____

Policy Number _____

This permission slip is required. Your child will not be able to attend this event without it.

----- **CUT OFF AND RETURN UPPER PORTION** -----

Activity Information For The Parents

1. Name of group:
2. Name of Activity:
3. Location:
4. Dates and Times:
5. Transportation:
6. Cost Cash _____ Check _____ Payable to: *Collinsville First Assembly of God*
7. Included in cost:
8. Special Instructions: