

PERMISSION / MEDICAL RELEASE

Youth's Name _____ Phone _____

Address _____

Birthday _____ Emergency Person _____

Emergency Person Phone _____

I give my child _____, permission to go to _____ with the group from Homer Assembly of God Church.

I understand the group will leave on ____/____/____ at ____ am/pm and will return around ____ am/pm on ____/____/____.

I understand, in the event medical treatment is required, every effort will be made to contact me. However, if I can't be reached, I give my permission to the staff or sponsor to secure the service of a physician to provide the care necessary, including anesthesia, for my child's well-being.

Please list any allergies, medications being taken, medical problems, or other pertinent information necessary for this trip:

Signed _____ Date _____

(Parent/Guardian)