

Milford Assembly of God, Inc.
1301 State Route 131
Milford, Ohio 45150-2843
513-831-8039

PARENT PERMISSION FORM

NAME _____ PHONE _____

ADDRESS _____ CITY _____ ST _____ ZIP _____

CHILD'S NAME _____ DATE _____

The information below must be completed and returned to Milford Assembly of God, Inc for your child to participate in the planned activity (_____). If you are unable to provide the information, your child CANNOT be included in the group.

GENERAL CONSENT FORM

The information below MUST be completed and returned to the church for your child to participate in this activity.

I/we the undersigned, being the parents/guardians of _____ do hereby release, waive, discharge and covenant not to sue the Milford Assembly of God, Inc or it's individual members, Board, or anyone acting on its behalf, from any and all liability, claim, demand, action or right of action, of whatever kind or nature, either in law or equity, arising from or by reason of any bodily injury, personal injury or mental injury, known or unknown, including death, resulting from, or the result from _____'s participation in sports and/or any other extracurricular activity and or field trip on behalf of or in the name of the Milford Assembly of God, Inc.

I/we do hereby assume full responsibility for and risk of bodily injury, personal injury or mental injury or death due to my son/daughter/ward's participation in sports and/or other extracurricular activities/field trips on behalf of/in the name of Milford Assembly of God, Inc.

I/we expressly agree that this release is intended to be as broad and inclusive as permitted by the laws of the State of Ohio or any other state in which said child may be injured and that if any portion of this release is held invalid, it is agreed that the balance shall, nevertheless, continue in full force and effect.

I/we further state that I/we have carefully read the above release and know the contents of same and sign this release as my/our own free act.

I/we further understand that, while the above named child 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 the child can result in dismissal from the program. In the event the 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. (We understand that such actions would only be taken under extreme circumstances and only after direct consultation with the child's Pastor and parents or guardian. By submission and signature on this form, I hereby imply my consent to any appropriate disciplinary action.

DATE _____ SIGNATURE _____

**The reverse of this form MUST be completed !*

EMERGENCY MEDICAL AUTHORIZATION

This medical emergency form **MUST** be signed by parent or guardian and accompany the child who wishes to participate in any activity sponsored by Milford Assembly of God, Inc.

The purpose of the form is to make it possible for parents and guardians to authorize the provision of emergency treatment for children who become ill or injured while under the Church's supervision/responsibility. You can authorize such emergency medical treatment of your child by completing this form.

I, (your name) _____ of (your address) _____

_____ am the (relationship) _____ of (child's name) _____

_____ a minor, who is attending (specific activity) _____

at (location) _____

I hereby give my consent, in the event that all reasonable attempts to contact me at (phone no) _____

_____ or (alternate person) _____ at (phone no) _____

have been successful, for the administration of any treatment deemed necessary by the appropriate licensed physician or dentist or emergency personnel of the hospital that serves the Milford Assembly of God, Inc. The following information is needed by any hospital or practitioner not having access to the child's medical history. **PLEASE BE SPECIFIC.**

ALLERGIES: _____ PHYSICAL IMPAIRMENTS: _____

MEDICATION BEING TAKEN: _____

DATE OF LAST TETANUS SHOT: _____ OTHER PERTINENT FACTS TO WHICH PHYSICIAN

SHOULD BE ALERTED: _____

FATHER _____ WORK PHONE _____

MOTHER _____ WORK PHONE _____

List names, phone numbers and relationship to child of other people to call who can pick up your child if needed. Please list in order you would like to have us call if you cannot be reached.

1. _____ Phone _____
2. _____ Phone _____
3. _____ Phone _____

I understand that if my child becomes ill or is injured and must leave the church activity, he or she may be released to anyone on the above list.

DATE _____ SIGNATURE _____

WITNESS: (other than parent or guardian) _____

REFUSAL TO CONSENT

I DO NOT GIVE MY CONSENT FOR EMERGENCY MEDICAL TREATMENT OF MY CHILD. IN THE EVENT OF ILLNESS OR INJURY REQUIRING MEDICAL EMERGENCY TREATMENT, I WISH THE CHURCH AUTHORITIES TO TAKE NO ACTION OR TO: (specify) _____

DATE _____ SIGNATURE _____