

**WARREN FIRST ASSEMBLY OF GOD
PARENT PERMISSION FORM**

I hereby authorize my child, _____ to attend
_____ sponsored by Warren First Assembly of God. I understand the
arrangements and feel that adequate precautions for the safety of my child have been and will
continue to be taken. I will not hold Warren First Assembly of God or those supervising the trip
responsible for any accidents.

Signed _____
(Parent/Guardian)

Emergency Medical Information and Authorization

This form must be signed by a parent or guardian, and accompany the child to the event. The
purpose of the form is to make it possible for parents and guardians to authorize the provision of
emergency treatment for children who may become ill or injured at a church sponsored event.
You can authorize such emergency treatment for your child, by completing this form:

I, the _____ do hereby give my consent for the
(Parent/Guardian)
administration of any treatment deemed necessary by licensed physicians, dentists, or
emergency personnel serving the church at said event.

Signed _____
(Parent/Guardian)

Home Phone: _____ Mobile Phone: _____

Email: _____

Child's Medical History

Allergies? _____

Physical Impairments or Conditions? _____

Please specify any medication that must be administered as well as any special instructions.

