

Permission Slip and Medical Release Form  
Alliance First Assembly of God  
45 E. Harrison Street, Alliance, Ohio 44601

_____	_____	_____	
Last Name	First Name	Birth Date	
_____	_____	_____	_____
Address	City	State	Zip
_____	_____	_____	
Grade	Youth Email Address	Youth Cell #	

**TO BE READ AND FILLED OUT BY YOUTH:**

I, \_\_\_\_\_, am planning on participating in youth activities at Alliance First Assembly of God. With adult leaders and other youth from Alliance First Assembly of God, I agree to be responsible for my behavior, to respect the health and safety of others and myself, to relate to others and use property and equipment in the appropriate ways. **I understand that no drinking, smoking, sexual conduct or use of drugs is permitted and that a violation of any of these will result in immediate consequences.**

Date \_\_\_\_\_ Signed \_\_\_\_\_  
(Youth Signature)

**TO BE READ AND FILLED OUT BY PARENT OR GUARDIAN:**

I grant permission for photos of my youth to be used by Alliance First for paper and website publication (check one)  Yes /  No

I grant permission for \_\_\_\_\_ to participate in youth activities with adult leaders and youth of Alliance First. I expect and hold my child to be responsible for his/her own actions, to be a cooperative member of the group so that these activities can be a wholesome means of fellowship. I have read the statement of responsibility above and have talked or will talk with my child about it. The church and adult leaders are held with no liability of unwise actions on my child's part.

In case of emergency, I understand that every effort will be made to contact me. If I cannot be reached, I hereby give permission to act on my behalf in seeking emergency treatment for my youth in the event a designated adult deems such treatment is necessary. I give permission to those administering emergency treatment to do so, using whatever measures are deemed necessary.

Date \_\_\_\_\_ Signed \_\_\_\_\_  
(Parent /Guardian Signature)

Print Parent/Guardian Name(s): \_\_\_\_\_

Phone # 1 \_\_\_\_\_ Phone # 2 \_\_\_\_\_ Phone # 3 \_\_\_\_\_

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Emergency Contact

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Phone \_\_\_\_\_

Medical History

Any Allergies or medical conditions (medication, drug reactions, ect.)? \_\_\_\_\_

\_\_\_\_\_

Last Tetanus: \_\_\_\_\_ Any needed medications?  Yes /  No

If yes, please list the instructions of how much/how often: \_\_\_\_\_

\_\_\_\_\_

**Note all Medications must be in the original container.**

Medical Provider and Insurance Information

Child's Physician: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Preferred Hospital: \_\_\_\_\_

\_\_\_\_\_  
Name of Insurance

\_\_\_\_\_  
Insurance Co. Address

\_\_\_\_\_  
Name of Policy Holder

\_\_\_\_\_  
Contact/Policy #

\_\_\_\_\_  
Employer

\_\_\_\_\_  
Employer's Address

**It is the responsibility of the parent or guardian to ensure this information stays up-to-date at the check in center. If there is further information about your child that will be helpful to the youth leaders, please note on this form. The form is valid from May 1, 2021 to December 31, 2021. A copy of the insurance card may be provided to supplement the above information.**