

# 2011 Abundant Life Assembly of God Children's Ministries Release Form

Student's Name: \_\_\_\_\_ Sex: M F  
Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ Zip: \_\_\_\_\_ Birth Date \_\_\_\_/\_\_\_\_/\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell/Alternate Phone #: \_\_\_\_\_  
Email: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_

Parents'/Guardian's Name(s): \_\_\_\_\_  
Child lives with: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Day Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_  
Email: \_\_\_\_\_

## **Release of Liability**

In case of any accident or illness during any Abundant Life AG activities or during transportation to or from one of these activities, I agree to release all employees and volunteers of ALAG from all liability.

## **Permission to Participate in Abundant Life Programs**

\_\_\_\_\_ (Print child's name) has my permission to participate in ALAG Children's Ministries programs and related activities from \_\_\_\_/\_\_\_\_/\_\_\_\_ (today's date) to Jan 1, 2012.

## **Medical Release/ Permission for Treatment**

I, the undersigned parent/guardian of \_\_\_\_\_, (print child's name) a minor, do hereby authorize all volunteers & employees of the Abundant Life Assembly of God as agent(s) for the undersigned to consent to any x-ray, examination, anesthetic, medical &/or surgical diagnosis of treatment & hospital care which is deemed advisable by, & is to be rendered under the general or special supervision of any physician &/or surgeon licensed under the provision of the Medicine Practice Act or the medical staff of a licensed hospital, whether such diagnosis or treatment is rendered at the office of said physician or surgeon or at said hospital.

It is understood that this authorization is given in advance of any specific diagnosis, treatment, or hospital care being required & is given to provide authority & power on the part of our aforesaid agent(s) to give specific consent for any & all such diagnosis, treatment, or hospital care which the aforementioned physician or surgeon, in the exercise of his/her best judgment, may deem advisable.

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
(Signature of Parent or Legal Guardian) (Date)

**Continued on back**

**Note:** *All of the above releases will remain in effect until Jan 1, 2012 unless revoked sooner in writing to Abundant Life Assembly of God 10100 N Stelling Rd Cupertino, CA 95014*

**Abundant Life Assembly of God Children's Ministries Release Form (con't)**

**Medical Information**

Participant's Name: \_\_\_\_\_ Sex: M F Birth Date \_\_\_/\_\_\_/\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Parent/Guardian Phone #s Day: \_\_\_\_\_ Evening: \_\_\_\_\_

Health Insurance Company: \_\_\_\_\_ ID# \_\_\_\_\_

Family Doctor or Clinic: \_\_\_\_\_ Phone: \_\_\_\_\_

List any Allergies: \_\_\_\_\_

Date of last Tetanus (DPT): \_\_\_\_\_

List all restrictions or special attention needed, medicine that must be administered, etc.:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Alternative emergency contacts (not living with family - when parent cannot be reached):**

1) Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Day Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_

2) Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Day Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_

I give you permission to use my child's photographs which have been taken on events and services for brochures, slide shows and the church website.

\_\_\_\_\_  
(Signature of Parent or Legal Guardian)

I DO NOT give permission to use my child's photographs which have been taken on events and services for brochures, slide shows and the church website.