

2011

Annual Permission / Medical Release Form
First Assembly Of God 352.351.1827
1827 NE 14th Street. Ocala, Florida 34470

2012

Revised 8/2011

(Student's Name) (Information given by) (Relationship)
(Date of Birth) / (Age) (Address) (City/Zip code)
(Student's S.S. #) (Phone Home) (Phone Cell)
(Other contact numbers) (Phone Work)

Has the student ever been treated for any of the following? (If yes check all that apply)

[ ] Heart Disease [ ] Seizures [ ] High Blood Pressure

[ ] Asthma [ ] Bronchitis [ ] Diabetes

Do they wear?

[ ] Glasses [ ] Contacts [ ] Dental Appliances

Rate their swimming skill

[ ] Non Swimmer [ ] Fair Swimmer [ ] Strong Swimmer

[ ] My child can not participate in swimming activities.

List allergies or special medical information, as well as any physical impairments or limitations. (i.e. Bee stings, Peanuts, Latex...etc.)

Complete in the event of student hospitalization.

(Name of Doctor) (Phone #)

(Name of Insurance Provider) (Phone #)

(Policy or Certificate Number) (Group #)

I hereby give my permission for my CHILD to attend all Children's / Youth MINISTRIES events throughout the year. I also give my permission for my child to be transported to these events. I authorize medical treatment in case of any medical emergency and will cover all cost not covered by Insurance. I accept responsibility to update this form if changes in my CHILD'S medical condition or guardianship occurs.

This permission extends to August 31 2012. and is for both the children's and youth programs.

State of Florida
County of Marion

The Foregoing instrument was acknowledged before me on this \_\_\_ day of \_\_\_, 20\_\_

AND THAT 1. (Name)

AND THAT 2. (Name)

(SEAL)

PRINT, TYPE OR STAMP NAME OF NOTARY

ARE Personally Known
OR Produced Identification
Type of Identification Produced

1. (Printed Name of Parent/Guardian) (Signature of Parent/Guardian) (Date)

2. (Printed Name of Parent/Guardian) (Signature of Parent/Guardian) (Date)