



PERMISSION SLIP

EVENT NAME: _____

TRIP/ACTIVITY LOCATION: _____

DATE(S) & TIMES: _____

DESCRIPTION OF ACTIVITIES: _____

PERSONAL INFORMATION:

NAME OF CHILD / YOUTH ("PARTICIPANT") _____

DATE OF BIRTH _____ NAME OF PARENT / LEGAL GUARDIAN _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

PHONE NUMBER (DAY) _____ (EVENING) _____

EMAIL _____

ALTERNATE EMERGENCY CONTACT NAME _____ PHONE NUMBER _____

MEDICAL INFORMATION:

RELEVANT MEDICAL CONDITIONS, ALLERGIES, ETC. _____

DOES YOUR CHILD USE ANY OF THE FOLLOWING MEDICATIONS: YES OR NO

EPI PEN INHALER PRESCRIPTION DRUGS OTHER: _____

IF YOU SAID YES TO ANY OF THE ABOVE MEDICATIONS – A DOCTOR'S ORDER IS REQUIRED FOR THIS TRIP

NAME OF PEDIATRICIAN / PRIMARY CARE DOCTOR _____ PHONE NUMBER _____

INSURANCE CO AND PLAN NAME _____ GROUP NAME/NUMBER _____

MEMBER NAME _____ MEMBER ID NUMBER _____

STUDENT ID NUMBER _____ INSURANCE PHONE NUMBER _____

Please see reverse side for required signature

In consideration of First Assembly of God Life Center of Tacoma / Life Christian Academy allowing above youth mentioned (the "Participant") to participate in the Activities that are sponsored, hosted by, or otherwise related to First Assembly of God Life Center of Tacoma / Life Christian Academy, I agree as follows:

1. Authority. I am the parent or legal guardian of the Participant and have authority to enter into this Agreement. I represent that: a) I have authority to enter into this Agreement on behalf of anyone else who has legal rights regarding the Participant; or b) everyone else with legal rights regarding the Participant has signed this release.
2. Voluntary participation. I agree that the Participant's involvements in the Activity or Activities are voluntary.
3. Publicity Release. I grant First Assembly of God Life Center of Tacoma / Life Christian Academy permission to record, use, reproduce, and publicly display pictures, video, or audio of the Participant's involvement in the Activities.
4. Conditions Specific to Participant. I understand and agree that First Assembly of God Life Center of Tacoma / Life Christian Academy's employees/volunteers/participants are not qualified to provide medical evaluation or treatment (beyond basic first aid) and that the number of participants limits the ability of First Assembly of God Life Center of Tacoma / Life Christian Academy to provide special care or attention to an individual Participant. Therefore, I understand and agree that First Assembly of God Life Center of Tacoma / Life Christian Academy may not be able to utilize the information above regarding medical conditions or other limitations faced by the Participant. Though it may make a good faith effort to ensure proper first aid is rendered, First Assembly of God Life Center of Tacoma / Life Christian Academy will not be liable for failure to act on conditions specific to the Participant.
5. Authorization to Engage Medical Treatment. I grant permission for First Assembly of God Life Center of Tacoma / Life Christian Academy to authorize medical treatment for the Participant, to call 911 for emergency medical aid, or take other measures to secure medical treatment if, in the First Assembly of God Life Center of Tacoma / Life Christian Academy sole and absolute judgment, the Participant becomes ill, sustains an injury, or otherwise requires medical treatment. I give consent to any physician, emergency aid responder, or other health care provider to administer drugs or medicine or to perform such medical treatment as such person determines necessary for the relief of pain or to preserve the Participant's life or health. I assume full responsibility for all medical, rescue, transportation, and other expenses incurred on behalf of the Participant and will fully and immediately reimburse First Assembly of God Life Center of Tacoma / Life Christian Academy for any of these expenses that they, in its sole and absolute discretion, chooses to advance.

Parent / Guardian Signature

Date