

Parental/Guardian Permission for Participation and Medical Consent form

Activity: Night of Joy, Friday, September 5th 2014

Group: The EDGE student ministries

Chaperones: Pastor Jared, Mrs. Jeania

I give permission for my child/children, _____, to participate in the above specified activity under the arrangements of *First Assembly of God Plant City*, and certify that my child/children are able to participate safely in the above activity. I am aware that with such activity there are certain risks and damages exist or may occur including, but not limited to; riding in transportation provided by *First Assembly of God Plant City*, riding with chaperones, and other unforeseeable accidents.

I do not want my youth to participate in the following aspect of the above listed activity:

I expect that my child/children will be responsible in following normal guidelines for safety and purposeful involvement. Any property damage incurred by my child/children will be solely my responsibility as the parent/guardian. I understand that if my child/children do not comply with the rules and guidelines set forth by The EDGE student ministries it will be my responsibility to come and pick up my child/children from the location of the above listed activity.

I waive any legal responsibility on the part of First Assembly of God and the chaperones and leaders of The EDGE student ministry. In the event of a medical emergency I give Rev. Jared or Jeania Rollins permission to make any decisions necessary if neither I nor the two emergency contacts listed cannot be reached. I further authorize Rev. Jared or Jeania Rollins to consent to any examinations, xrays, anesthetic, medical or surgical diagnosis, or treatment and hospital care which is deemed advisable by, and is rendered under the general or special supervision of any physician licensed under the provisions of the medical practice act on medical staff of a licensed hospital, whether such diagnosis or treatment is rendered at the office of a said physician or at a said hospital.

My child currently has the medical condition(s) listed below:

My child currently takes these medication(s) (Name, Dosage, & Frequency):

Parent/Guardian Signature: _____ Date: _____

Address: _____

Home Phone: _____ Cell Phone: _____

Please list two emergency contacts:

1) _____ (____) _____ - _____ 2) _____ (____) _____ - _____