

**Victory Road Assembly of God, Inc.
PERMISSION & AUTHORIZATION FOR
MEDICAL TREATMENT AND RELEASE OF INFORMATION**

Your child has indicated a desire to attend _____. In consideration for participation in this event, please complete this form letting us know that you are aware of these plans, that your child/children have your permission to attend, and that we have permission to transport them to and from the event. Please return this form to the church office prior to the trip.

Here is the event and contact information:

→ _____
→ _____
→ _____
→ _____
→ _____
→ _____

Please check (✓) one of the following:

- Yes, I give permission for my child/children to attend the event listed on this form.
- No, I do not give permission for my child/children to attend the above event.

----- Medical Release -----

I, _____, authorize Victory Road Assembly of God, Inc.,
(Parent or Legal Guardian's Name---Please PRINT)

its sponsors and/or drivers, to sign or authorize any medical releases or permissions necessary for the care of my child/children, whose names are listed below:

(Please PRINT child's full name)

1. _____ 2. _____
3. _____ 4. _____

Please list any known allergies:

Please list any special medical conditions:

Name of Insurance Company and Policy #: _____

Phone number where parent/guardian can be reached: _____

Signature

Date

Street Address

City

ST

ZIP