



# ANNUAL PERMISSION FORM

FOR OFFICE USE ONLY

DATE \_\_\_\_\_

*This form is to be completely filled out and signed by parent or legal guardian.*

**Please Print**

I hereby give permission for my child(ren) to participate in the children / youth activities of First Assembly of God, Oskaloosa, Iowa. In case of emergency, notify me at \_\_\_\_\_ (address) and/or \_\_\_\_\_ (phone). If I cannot be reached, the sponsors have my permission to obtain medical help for my child(ren) should the need arise. I consent to any x-ray examination, anesthetic, medical, or surgical diagnosis or treatment and hospital care under the general or special supervision and upon the advice of or to be rendered by a physician and surgeon licensed under the Medical practice Act for my child(ren). This authority also extends to any x-ray examination, anesthetic, dental or surgical diagnosis or treatment and hospital care by a dentist licensed under the Dental Practice Act for my child(ren). I further agree to pay all charges for the dental, medical, or hospital care or treatment.

As parent or legal guardian of my child(ren) I am responsible for the health care decisions of my child(ren) and am authorized to consent to the services to be rendered. I represent that my consent to and agreement to pay for the dental, medical or hospital care or treatment to be rendered to my child(ren) is legally sufficient and that no consent from any other person required by law. *This Permission Form expires on August 31, 2010.*

*Name of child (last name, first name by age) and Date of last Tetanus shot - use back if more space needed.*

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

*Physical Impairments (heart, epilepsy, etc.)* \_\_\_\_\_

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

*Other pertinent facts / medical info to which the physician should be alerted* \_\_\_\_\_

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

Insurance Company \_\_\_\_\_ Policy Number \_\_\_\_\_

Insurance Company \_\_\_\_\_ Policy Number \_\_\_\_\_

Parent or legal guardian signature \_\_\_\_\_ Date \_\_\_\_\_

I have received and reviewed the Handbook Information explaining various items such as our Three Strike Rule, Code of Conduct, Dress Code, etc.

Parent or legal guardian signature \_\_\_\_\_ Date \_\_\_\_\_

Please list all information needed:

1. Child Last name, first name

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2. Child's last name, first name

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3. Child's last name, first name

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4. Child's last name, first name

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5. Child's last name, first name

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6. Child's last name, first name

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7. Child's last name, first name.

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