

# RIO ASSEMBLY OF GOD YOUTH GROUP

## Parental Permission Form:

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Name of Student: \_\_\_\_\_ Age: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_ - \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

### Medical Release & Authorization

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The purpose of this form is to make it possible for the parents and/or guardians to authorize the provision of emergency medical treatment for a minor who may become ill or injured at an event. You can authorize such emergency treatment for your child by completing this form. **This form will cover all youth events from January 1, 2013 to December 31, 2014.** If any medical changes occur, it is the responsibility of the Parents/Legal Guardian to notify the church.

I/We, \_\_\_\_\_, parent(s)/legal guardian(s) of \_\_\_\_\_ (minor student), do give consent for the administration of medical treatment or medication for the above named child, I/we further agree to performance of such treatment, anesthetics, and operations as in the opinion of the attending physician as deemed necessary for our child if all reasonable attempts to contact me/us at:

Phone: ( ) \_\_\_\_\_ - \_\_\_\_\_

1<sup>st</sup> Parent/Guardian name: \_\_\_\_\_

Phone: ( ) \_\_\_\_\_ - \_\_\_\_\_

2<sup>nd</sup> Parent/Guardian name: \_\_\_\_\_ (If applicable)

Please list any drug allergies: \_\_\_\_\_

Please specify any medications that must be administered: \_\_\_\_\_

List any treatment that should not be given to your child: \_\_\_\_\_

Please list doctor and hospital preference: \_\_\_\_\_ M.D Phone: ( ) \_\_\_\_\_ - \_\_\_\_\_

\_\_\_\_\_ Hospital ( ) \_\_\_\_\_ - \_\_\_\_\_

PARENT/GUARDIAN SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

PARENT/GUARDIAN SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

For questions call the church: (920) 992-5664 or Youth Leader Josiah Kath: (608)-566-6423