

Activity Permission Form



I, as Parent or Guardian of [child's name] _____, do hereby give permission for my child to attend activities organized by Abundant Life Foursquare Church (ALFC) for the year 20__ (and January 1st of the following year). I will hold harmless ALFC, participating staff, volunteers and partnering organizations for any accident or injury resulting from my child's participation. In addition, I agree to assume any and all responsibilities and liabilities incurred from property damage or personal injury caused by said child. I further give authority to ALFC staff and volunteer workers to administer any and all medical or emergency treatment necessary for the health and wellbeing of said child.

Child's Health and Medical Coverage Information

Child's Full Name: _____ Date of Birth: _____

Home Address: _____

Allergies: _____

Medications: _____

Special Medical Conditions: _____

Name of Insurance Carrier: _____

Subscriber Name: _____ Insurance ID Number: _____

Family Doctor: _____ Phone Number: _____

Contact Information

Parent or Guardian's Full Name: _____

Home Phone: _____ Work: _____ Cell: _____

Other Parent or Guardian Name: _____

Home Phone: _____ Work: _____ Cell: _____

Emergency Contact (other than parents): _____

Home Phone: _____ Work: _____ Cell: _____

Parent or Guardian Email Address: _____

Parent or Guardian Signature: _____ Date: _____