



# 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 1<sup>st</sup> 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 my 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 my 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: \_\_\_\_\_