



PERMISSION SLIP and MEDICAL RELEASE FORM

Participants Name _____
Street Address _____
City _____ Zip _____

I hereby grant permission for my child to participate in the events of Clover Hill Student Ministries. I hereby release and discharge Clover Hill Assembly of God, its representatives, successors and assigns, from all rights, claims, and actions of every kind which such minor may have against such released party arising out of these events.

I authorize the treatment, by a qualified and linscenced medical doctor, of the minor listed above in the event of any medical emergency which, in the opinion of the attending physician, is necessary.

I further release Clover Hill Assembly of God from, and fully waive, any and all rights we may have for any reimbursements for medical and other expenses incurred because of an injury to such minor.

Signed: _____ Date: _____
Home Phone: (____) _____ Work Phone: (____) _____ Cell phone: (____) _____

EMERGENCY CONTACT INFORMATION

1. Name: _____ Relationship: _____
Day Phone (____) _____ Night Phone: _____

2. Name: _____ Relationship: _____
Day Phone (____) _____ Night Phone: _____

ADDITIONAL COMMENTS FROM PARENTS/LEGAL GAUDRIAN

(Allergies, illness, medications, etc.)

Four horizontal lines for additional comments.

For Office Use
Received by: _____ Date: _____