



EMERGEYOUTH

Dover Assembly of God

4790 Carlisle Rd · Dover, PA 17315

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2019 Permission Slip / Medical Release Form

(Please complete form in its entirety - one form is needed for each child age 18 yrs and younger.)

While striving to ensure a wholesome, safe and closely supervised environment for all of our children/youth (18 years and younger), Dover Assembly of God cannot be liable for any unseen and/or any unforeseeable accidents or injuries which may occur during the course of any church-sponsored activity. Responsible Leaders and persons acting as agents transporting on behalf of Dover Assembly of God assume no personal liability in the case of accident or sickness.

This is a general permission slip which allows the parent or guardian to give consent for their child to attend and participate in any or all group activities for the time period of:

January 1, 2019 through December 31, 2019

PARENT/GUARDIAN CONSENT

I hereby consent to allow my teen, _____ to attend and/or participate in all youth-related activities from Jan. 1, 2019 - Dec. 31, 2019. I also give my permission, in case of medical emergency, for the leader in charge to hospitalize and/or secure the services of a licensed physician or surgeon in providing necessary care for my teen as named on this form.

Signature of Parent/Guardian: _____

Date: _____

Phone: (Home) _____ (Cell) _____ (Work) _____

EMERGENCY CONTACT INFORMATION

Name: _____ Relationship to child: _____

E.C. Phone: (Home) _____ (Cell) _____ (Work) _____

CURRENT MEDICATIONS (to include Inhaler, Epi Pen, allergy meds, etc.)

Medicine Name: _____ Meds to be administered while on outing? Y / N

If meds are to be administered on outing, please give dosage instructions. It is important that all medications be in their original container and that all medications names and dosage are clearly written out.