

# New Life Assembly of God Parental Consent

Child's Name \_\_\_\_\_ Age \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

Parent/Guardian \_\_\_\_\_

Phone Number at home \_\_\_\_\_ Cell \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Phone # \_\_\_\_\_

Relationship to child \_\_\_\_\_

Event Attending \_\_\_\_\_ Location \_\_\_\_\_

Food Allergies: \_\_\_\_\_

Other concerns we should know about \_\_\_\_\_

Physical Impairments: \_\_\_\_\_

## Emergency Medical Authorization

I, \_\_\_\_\_ am the parent/guardian of the above named minor who is attending \_\_\_\_\_.

I do hereby give my consent, in the event that all reasonable attempts to reach me at the above numbers have been unsuccessful, for the administration of any emergency treatment deemed necessary by attending emergency medical personnel.

Signed \_\_\_\_\_ date \_\_\_\_\_

## Photo Release

I hereby authorize New Life Assembly of God permission to use my child's likeness in a photograph in any and all of its publications, including but not limited to all New Life Assembly of God's printed and digital publications.

Signed \_\_\_\_\_