

MEDICAL RELEASE AUTHORIZATION & PERMISSION SLIP

I hereby give my child _____ permission to attend _____ with the Youth Department of Millersburg A/G Church. In case of medical emergency and I am unable to be contacted, I hereby give my permission for the staff member in charge to: hospitalize and/or secure the services of a licensed physician, surgeon or anesthetist in providing the necessary care for my child as named on this release form. I certify that my child is in good physical condition, and is able to participate in the entire event except for any activities that I (may) list below.

Name of Parent/Guardian: _____ Email: _____

Signature of Parent: _____ Date: _____

EMERGENCY CONTACT:

Name _____ Relationship _____

Home Phone _____ Work Phone _____ Cell Phone _____

Medications taking at this time: _____

Allergies: _____

This event is sponsored by Fusion Student Ministries...
Youth Department of Millersburg Assembly of God Church
www.millersburgfusion.com



WRITE THESE CONTACT NUMBERS DOWN
Pastor Josh: 717 919 3240 (cell)
Church Office: 717 692 3904 (main office)



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