

# Instructions for the General Permission Release form.

## **Instructions for Parent or Guardian:**

- If you do not have the original Permission/Release form for your child(ren)'s event you may use this General Permission Release form.
- Confirm with Whatcom New Life Assembly that this is an official church event.
- Print this form and fill it in completely for each child attending. Sign it and return it by the appropriate time for your event. Use of this general form indicates acceptance of whatever planned or required activities will be involved.

## **Instruction for Group Leader (.doc or .odt version should be used)**

- Inform the church office before any event is scheduled.
- If you are the leader of a group you must use this form to produce your Permission/Release form.
- Fill in the appropriate areas. Be sure to give as much necessary information as possible.
- Permission Release forms may be more than one page; make sure you receive all pages when the Permission Release form is returned.



**General Permission / Release Form**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Zip: \_\_\_\_\_ Grade: \_\_\_\_\_ Date of Birth (mm/dd/yyyy): \_\_\_\_\_

I give permission for my above named child to join Whatcom New Life Assembly  
(Ministry Group Name) \_\_\_\_\_ for:

\_\_\_\_\_ (Descriptive event title here)

Starting (Enter starting time here) \_\_\_\_\_ and Ending: (Enter ending time here) \_\_\_\_\_

I understand that this activity will include:

(Event description here including: activities, travel, mode of travel, location(s), supervision and other need to know items for parents or guardians)

I hereby release Whatcom New Life Assembly, its staff and sponsors, from responsibility and liable for any injury or illness that my child may sustain during this activity. In the event of an emergency, I hereby authorize an adult leader of this activity, as agent for me, to consent to any X-ray examinations medical, dental or surgical diagnosis; treatment; and hospital care advised and supervised by a physician, surgeon or dentist (as appropriate) licensed to practice under the laws of the state where the services are rendered, either at a doctor's office or in any hospital. I expect to be contacted as soon as possible.

Signature of natural parent of legal guardian X: \_\_\_\_\_

Date: \_\_\_\_\_ Emergency Contact #: \_\_\_\_\_

Pager, Cell phone or Alt. Contact #: \_\_\_\_\_

**MEDICAL INFORMATION:**

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

Medications being taken: \_\_\_\_\_

Physical handicaps or limitations: \_\_\_\_\_

Medical Insurance Company Policy Number#: \_\_\_\_\_

Member's Name: \_\_\_\_\_