

Permission/Medical Release Form

New Hope Assembly of God Youth Ministries
6800 Townsend ♦ Urbandale, Iowa 50322

Permission

Date _____

I, _____, the parent/guardian of
_____, do hereby grant permission for the above to attend all activities
of the year with the New Hope Assembly of God Youth Ministries under the supervision of the appointed leaders. I realize that if my
teen refuses to adhere to the rules, I may be called to bring them home immediately.

Does your teen know how
to swim proficiently?

Yes No

Signed _____

Address _____

Phone _____

Emergency Phone _____

Medical Release

I/We, _____, being the parents/legal guardians of
_____, do further give my/our consent for the properly appointed
leader or staff member of the New Hope Assembly of God Church to secure the administration of medical treatment or medication
for the above named child, and I/We do further agree to the performance of such treatment, anesthetics, and operations as the
opinion of the attending physician is deemed necessary for our child.

Date _____ Signed _____

Insurance Company _____ Policy Number _____

BELOW, LIST ANY MEDICATIONS OR TREATMENT THAT SHOULD NOT BE GIVEN TO YOUR CHILD BECAUSE OF DANGEROUS REACTIONS.

