



PERMISSION TO PARTICIPATE AND MEDICAL RELEASE

Bethel Church *of the Assemblies of God ... Children's Ministries*

Missionettes Sleepover 2012

- **Activity:** A sleepover at Bethel Church
- **Date:** Friday, February 17th through Saturday, February 18th
- **Time (s):** Drop off at 6:00pm on Friday, Pick up at 9:00am on Saturday
- **Group:** 1st-5th Grade Girls
- **Cost:** \$10
- **Registration DEADLINE:** Wednesday, February 15th
- **Additional Information:** Dinner, Snacks, and Breakfast will be provided. Please bring pajamas, sleeping bag, and a pillow. **No cell phones or music playing devices are allowed.**

Is your child attending with a friend? ___yes ___ no

Friend's Name: _____ Grade: _____

CURRENT MEDICAL INFORMATION

Child's Name: _____ Birthdate: _____ Grade: _____ Current Weight: _____

Address: _____ Home Phone: _____ Cell Phone: _____

Child's Current Physician: _____ Physican's Phone: _____

Allergies: _____

Insurance Carrier: _____ If Medical Coupon please attach a current copy.

Policy Holder: _____ Policy #: _____

If your student is currently taking medication please answer questions one and two.

1. Medication One:

A. Medication name and strength: _____

B. Dosage, time, and route: _____

C. If medication can be given as needed how close can dosages be given: _____

2. Medication Two:

A. Medication name and strength: _____

B. Dosage, time, and route: _____

C. If medication can be given as needed how close can dosages be given: _____

Please answer questions three and four. THANK YOU!!!

3. Permission to administer pain and fever relief medication (i.e. Tylenol/Advil): **YES NO** If yes ...

A. Preferred Medication: _____

B. Dosage: _____

4. Other helpful information in case of emergency: _____

PERMISSION TO PARTICIPATE

I give my permission for my student / child _____ (age _____),
to participate in the Missionettes Sleepover.

MEDICAL / LIABILITY RELEASE

I accept full responsibility for the cost of medical treatment for any injury suffered while my student / child is taking part in this activity.

Moreover, I understand that emergency measures may be necessary to safeguard my student's / child's health, and I do hereby authorize and request personnel from BETHEL CHURCH to administer or supervise such treatment and to do any procedure that they deem necessary until such time as my student / child can be safely transported to a doctor or hospital.

In addition, I authorize and consent to all medical surgical, diagnostic, and hospital procedures as may be performed or prescribed by a physician to safeguard my student's / child's health, and it is not advisable to take the time to contact anyone in advance.

I hereby waive all right to hold Bethel Church liable for any injury or loss that may occur while my student / child is participating in this activity.

Parent / Guardian Signature: _____ Date: _____

Relationship: _____ Phone: _____

NOTE: This form is for the purpose of PERMISSION TO PARTICIPATE AND MEDICAL / LIABILITY RELEASE. The information given on this form will be kept strictly confidential. This form is valid only for the stated activity and date. This form will not be accepted if changed in any way or without parent / guardian signature. Students will not be allowed to participate in an activity in any way without this form.

If you have questions regarding this form please contact Pastor Jeremy Scott at (360) 748-0119.



Bethel Church of the Assemblies of God ... Children's Ministries
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