

2023 Permission/Medical Release

I give permission for my child

(Name) \_\_\_\_\_ to attend

ANY event with Northpoint Assembly of God

From 1/01/23 through 1/15/24

X \_\_\_\_\_ date \_\_\_ / \_\_\_ / \_\_\_

Medical Release

In the event of an emergency, I authorize permission for emergency medical treatment and care.

X \_\_\_\_\_

X \_\_\_\_\_ Witness

Insurance Carrier \_\_\_\_\_ Policy # \_\_\_\_\_

Emergency contact name/Phone \_\_\_\_\_

Alt. Contact name/phone \_\_\_\_\_