

2016 Permission/Medical Release

I give permission for my child

(Name) _____ to attend

ANY event with Northpoint Assembly of God

From 1/01/16 through 1/15/17

X _____ date ___/___/___

In the even 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 _____