

TLY

THIRD LANE YOUTH MEDICAL RELEASE FORM

IMPORTANT MEDICAL INFORMATION

List all medical conditions _____

Current Medications Being Taken _____ List All Restricted Activities _____

Allergies _____ Type of Reaction _____

Treatment Given _____ Date of Last Tetanus Shot _____

EMERGENCY CONTACT INFORMATION

Name _____ Relationship to Student _____ Cell # _____

Home Phone _____ Work Phone _____

Notes _____

I hereby give my child _____ permission to attend Third Lane Youth events with First Assembly of God . This form will serve as valid from September 2008 thru August 2009 and will cover all TLY events within that time frame.

In case of medical emergency, I hereby give my permission for Third Lane Youth Staff in charge to hospitalize and/or secure services of a licensed physician, surgeon, or anesthesiologist in providing the necessary care for my child as named on this release form. I certify that my child is in good physical condition, and is able to participate in Third Lane Youth events except for activities listed as "restricted."

Signature of Parent _____

Date _____

Please return to Pastor Al or Marisa