

**PARADISE ALLIANCE YOUTH
PERMISSION RELEASE FORM**

Name of Student _____ Grade _____

Address _____ Phone _____

Activity or Swimming Restrictions: _____

Date of Last Tetanus Shot: _____

Allergic Reactions:

_____ Aspirin _____ Bee Stings _____ Penicillin _____ Specific Foods: _____

Other allergies/comments pertinent to child's health: _____

Effective dates from December 31, 2009 through December 31, 2010

I give permission for my child to participate in the Paradise Alliance Youth program for the above dates mentioned.

I understand that all activities include risk of personal injury and that adequate supervision of all activities will be maintained.

I hereby release Paradise Alliance Church its youth staff, directors, employees and agents for any liability, injury or illness that my child may sustain during youth activities.

If the participant has not attained the age of 18 years: We (I) are the parent(s) or legal guardian(s) of this participant, and hereby grant our (my) permission to take said participant to a doctor or hospital and hereby authorize medical treatment, including but not in limitation to, emergency surgery or medical treatment, and assume the responsibility of all medical bills, if any. Further, should it be necessary for the participant to return home due to medical reasons, disciplinary action or otherwise, we (I) hereby assume all transportation costs.

Signature of parent(s) or legal guardian:

Father _____ Date _____ Phone _____

Mother _____ Date _____ Phone _____

Legal Guardian _____ Date _____ Phone _____

Participant, if age 18 _____ Date _____

Emergency phone #'s _____

Insurance Company _____ Policy # _____

Physician _____ Phone _____

Paradise Alliance Church

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