



First Family,

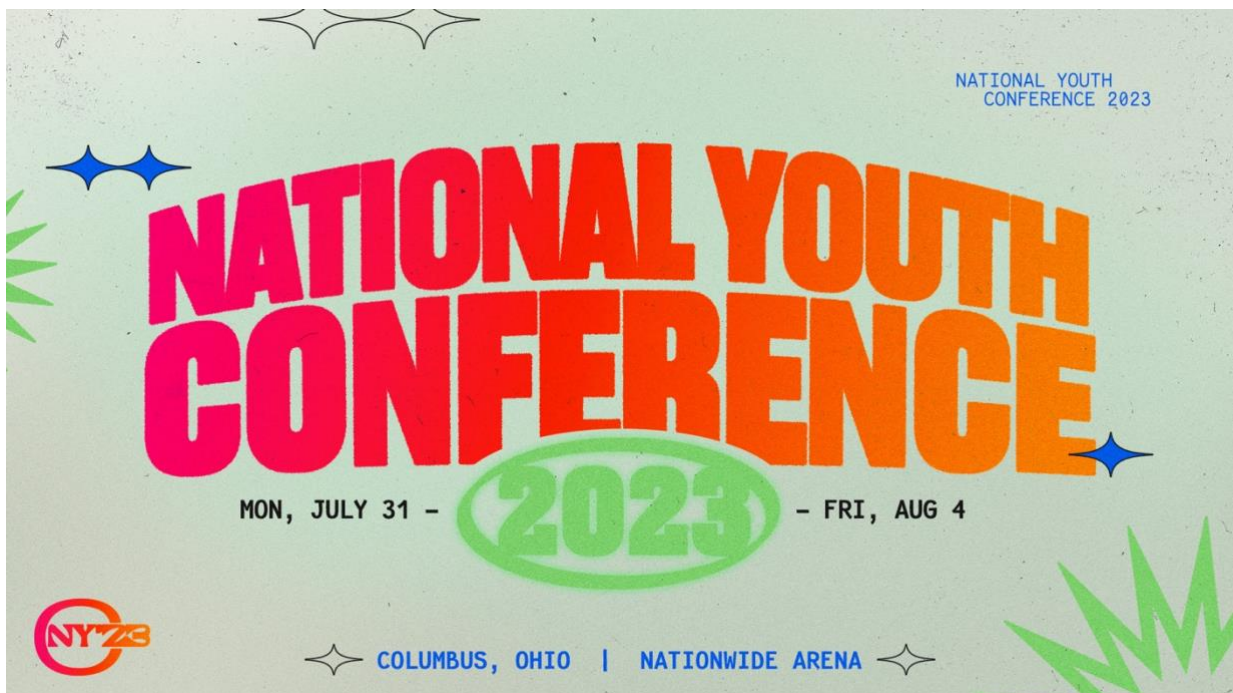
Our youth camp experience this summer is National Youth Conference in Columbus, Ohio! Thousands of students from Assemblies of God churches across the country will gather to engage in an incredible time of worship, powerful workshops, and dynamic preaching. We anticipate the Lord doing a powerful work in the life of your student.

We will leave on Monday morning, July 31st, and arrive in the afternoon of Saturday, August 5th. The conference takes place at the Nationwide Arena and Greater Columbus Convention Center. For more on the conference, visit youthconference.ag.org.

We don't yet have the final cost for this trip, though our typical youth camp costs usually fall in the range of \$250-\$300. To reserve your spot, we need the attached permission slip along with a deposit of \$50 by Sunday, May 14th. The deposit will increase to \$75 on May 15th.

There's a chance this will be all you're asked to pay, dependent on the success of our fundraisers. So, we ask you to jump in on any fundraisers we participate in to help keep the cost of Nation Youth Conference affordable!

We are already praying and believing the Lord will allow this to be a memory your student cherishes and testifies to for their entire life, we ask that you do the same.



First Assembly of God
777 S Myrtle School Rd Gastonia NC 28052
PARENTAL PERMISSION AND MEDICAL AUTHORIZATION FORM

Participant Name: _____

Birth date: _____

I give permission for my child (named above) to attend the events, field trips, and service projects associated with the Youth Group of First Assembly of God, Gastonia, NC. I further give permission for my child to be transported to and from events by hired and volunteer drivers authorized by First Assembly.

Medical Release

I hereby authorize the Youth Group leaders, volunteers, First Assembly, hospitals, licensed medical or dental providers, and their agents and employees to have access to the information contained in this form and to provide all medical or dental care, routine tests, treatment, and necessary transportation advisable for the health and safety of my child. This authorization includes the authority to consent to any x-ray examinations, anesthetic, medical procedure or treatment, and hospital care under the supervision, and upon the advice of or to be rendered by, a physician or surgeon licensed under the Medical Practice Act or dentist licensed under the Dental Practice Act for my child.

Custody Release

I further authorize the Youth Group leaders of First Assembly of God, Gastonia, NC, to receive physical custody of my child upon completion of any treatment, and I specifically instruct any treating health facility to surrender physical custody of my child to said adult.

Activity Release

I further give permission for my child to participate in all activities sponsored by the First Assembly, except as noted:

Signature of Parent or Legal Guardian_____
Printed name of Parent or Guardian_____
Date**EMERGENCY CONTACT INFORMATION****Parent(s)/Guardian(s)**

Name(s)	Phone Numbers		Phone Type
			(Home, Mobile, etc.)

Street Address

City State Zip

Parent(s)/Guardian(s) Email address(es)_____
Email address(es)**Other Emergency Contact(s)**

_____	_____
_____	_____

Name(s) Relationship to Participant

Health Care Information

Participant Name: _____

Birth date: _____

Physician

Dentist

Name

Name

Phone

Phone

Medical Insurance Company

Dental Insurance Company

Policy/Group Number

Policy/Group Number

Name of Policy Holder

Name of Policy Holder

Please list any allergies to drugs, foods, plants, insects, etc:

Does your child wear glasses or contacts? _____

Date of last tetanus shot _____

Please list any prescription medication to be taken by the participant (including what it is taken for, when it is to be taken, dosage information, and any special procedures):

Please list any non-prescription (over-the-counter) medication you do NOT want dispensed to your child:

Please list any additional information relevant to participating in Youth Group activities (dietary needs; surgeries or serious injuries; chronic or recurring illness; medical conditions such as epilepsy or diabetes; psychiatric counseling or indications, etc.):

You have received this parental consent form to both inform you and to request your permission for your child’s photo/image and name to be published on gastoniafirst.org and/or any other websites maintained, owned, and/or administrated by First Assembly of God. We will not release any personally identifiable information without prior written consent from you as parent or guardian. Personally identifiable information includes youth names, age, grade, and photo or image. If you, as the parent or guardian, wish to rescind this agreement, you may do so at any time in writing by contacting the church office, rescission will take effect upon receipt.

Check one of the following choices:

_____ I/We GRANT permission for this youth’s photo/image and all other personal identifiers listed above to be published on the First Assembly’s public website or any site operated by First Assembly of God.

_____ I/We GRANT permission for ONLY a photo/image that includes this youth without any other personal identifiers to be published on the First Assembly public website or any site operated by First Assembly.

_____ I/We DO NOT GRANT permission for photo/image that includes this youth to be published on the First Assembly’s website or any site operated by First Assembly.