

# 2013 Girls Retreat

## Permission Slip

This permission must be completed by a parent/legal guardian:

Name \_\_\_\_\_ Age \_\_\_\_\_ DOB \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Will any allergy or physical problem limit your child's activity? Yes \_\_\_\_\_ No \_\_\_\_\_

Explain \_\_\_\_\_

Does your child require an Epi-pen or Inhaler? Yes \_\_\_\_\_ No \_\_\_\_\_

Circle the over-the-counter medication you give the nurse permission to administer to your child at her discretion: Benedryl Dimetapp Sudafed Tylenol Ibuprofen

Medications currently taking:  
\_\_\_\_\_

Dr's Name \_\_\_\_\_ Phone ( ) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

In case of emergency, please contact:

1. \_\_\_\_\_ Phone ( ) \_\_\_\_\_

2. \_\_\_\_\_ Phone ( ) \_\_\_\_\_

In case of emergency, if I or the persons listed cannot be reached, I request that my child have medical attention. Yes \_\_\_\_\_ No \_\_\_\_\_

Insurance Company & Policy # \_\_\_\_\_

In the event of illness or injury, I will not hold the South Carolina District Council of the Assemblies of God/District Girls Ministries responsible or liable under any circumstances.

I give permission for my child to go off campus (to the mall). Yes \_\_\_\_\_ No \_\_\_\_\_

I give permission for my child's photo to be used in South Carolina promotional materials such as Power Points, web site, fliers, etc. Yes \_\_\_\_\_ No \_\_\_\_\_

Parent's Signature: \_\_\_\_\_ Date \_\_\_\_\_

# 2013 Girls Retreat

## Adult Permission Slip

Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Will any allergy or physical problem limit your activity? Yes \_\_\_\_\_ No \_\_\_\_\_

Explain \_\_\_\_\_

Do you require an Epi-pen or Inhaler? Yes \_\_\_\_\_ No \_\_\_\_\_

Medications currently taking:  
\_\_\_\_\_

Dr's Name \_\_\_\_\_ Phone ( ) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

In case of emergency, please contact:

1. \_\_\_\_\_ Phone ( ) \_\_\_\_\_

2. \_\_\_\_\_ Phone ( ) \_\_\_\_\_

In case of emergency, if I or the persons listed cannot be reached, I request to have medical attention. Yes \_\_\_\_\_ No \_\_\_\_\_

Insurance Company & Policy # \_\_\_\_\_

In the event of illness or injury, I will not hold the South Carolina District Council of the Assemblies of God/District Girls Ministries responsible or liable under any circumstances.

I give permission for my photo to be used in South Carolina promotional materials such as Power Points, web site, fliers, etc. Yes \_\_\_\_\_ No \_\_\_\_\_

Signature: \_\_\_\_\_ Date \_\_\_\_\_