

Name _____ Grade _____

STREAMS CHURCH // 14175 W Indian School Rd // Ste B4 PMB 425 // Goodyear, AZ 85395 // (623)363-7450

PERMISSION SLIP FOR ANY CHURCH RELATED-FUNCTION AND CONSENT FOR MEDICAL TREATMENT

The undersigned hereby gives permission for _____ to attend any church related function of Streams Church. In the event there is an emergency involving your child, permission is hereby granted for Streams Church personnel to consent to any x-ray examination, anesthetic, medical, or surgical diagnosis or treatment and hospital care to be rendered to the minor under the general or special supervision and on the advice of any physician or surgeon licensed to practice in any state, and to consent to any x-ray examination, anesthetic, dental, or surgical diagnosis or treatment and hospital care to be rendered to the minor by any dentist licensed to practice in any state, and church personnel shall not be held personally liable. This consent for any church-related function and medical treatment shall terminate on the 18th birthday of said minor which is ____/____/____ or unless otherwise revoked by parent or legal guardian in writing.

_____ Signature of Parent or Legal Guardian <i>(sign in presence of Notary Public)</i>	STATE OF ARIZONA, COUNTY OF MARICOPA
_____ Address	Subscribed and sworn to before me this _____ day of _____,
_____ City State Zip	by _____ (print your name)
(_____) _____ Area code & phone #	Notary Public: _____
	My Commission Expires: _____

In case of an emergency, please provide us with the following information:

Child's Name: _____ Date of Birth: _____

Parent's Name: _____

Business Phone: _____

Nearest Relative/Neighbor: _____ Phone: _____

Family Insurance Number: _____ Insurance Company: _____

Date of last tetanus shot: _____ Date of last measles shot: _____

Does your child take any regular medicine: YES NO If so, what: _____

Does your child have any allergies: YES NO If so, what: _____

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