



Allisonville Christian Church
Authorization Form
2021-2022

Contact Information

Full Name _____

Birthdate _____ Grade _____

Parent/Guardian(s) _____

Parent/Guardian Phone(s) _____

Parent/Guardian Email(s) _____

Youth Phone (if applicable) _____

Youth Email (if applicable) _____

Address Line 1 _____

Address Line 2 _____

Medical Information

Allergies (food, medicines, etc.) _____

Medications and Instructions _____

Primary Care Physician _____

Phone Number _____

Insurance Information

Insurance Provider _____

Policy Number _____

Other Information

Anything else you would like ACC to know _____

Permissions

Consent to Treatment

I hereby give permission to Allisonville Christian Church to provide any pertinent, immediate medical attention to my child, _____, should an emergency arise, up to and including a hospital visit, if necessary. Yes No

Transportation

I understand some activities may involve taking my child off the church campus and authorize adult chaperones over the age of 21 to provide transportation. Yes No

I also authorize licensed drivers over the age of 18 to provide transportation if needed. Yes No

Photo Release

I give permission for Allisonville Christian Church to use any photos or videos of my child in church communications, social media, and other promotional materials. Yes No

Liability Release

I hereby consent to my child's full participation in the activities sponsored by Allisonville Christian Church. I release Allisonville Christian Church and its ministers, staff, and youth leaders from any liability or financial responsibility for supervision of the above-named child. I understand every effort will be made to contact me. I assume financial responsibility for emergency care. Yes No

Signature _____

Printed Name _____

Date _____