



Next Generation Ministry

14240 N 43rd Avenue • Glendale, AZ 85306

Website www.pureheart.org / Main 602.866.8850 / Fax 602.866.3430

I give my child permission to take part in: 6th Grade Party at Main Event
In the event that he or she is injured while participating, I do hereby authorize and consent to any x-ray, examination, anesthetic, medical, or surgical diagnosis rendered under general or special supervision of any licensed medical staff member under the provisions of the Medicine Practice Act. It is understood that this authorization is given in advance of any specific diagnosis or treatment being required, but is given to provide authority and power to render care which the aforementioned physician, in his or her best judgment, may deem advisable. It is understood that effort shall be made to contact me, the undersigned, prior to rendering treatment to my child, but that any of the above treatment will not be withheld if I cannot be reached. I also agree to accept all responsibility for the cost of the above-mentioned medical services. I understand the nature of this event and do hereby release Pure Heart Christian Fellowship, or any of its representatives, from any liability for accidents or injury sustained by my child in conjunction with this event.

Parent/Guardian Signature _____ Date _____

Periodically pictures and video may be taken of my child during church events to capture moments in time. I authorize the use of these pictures to be posted on Pure Heart's Next Generation website or to be used for promoting upcoming Pure Heart's Next Generation events. Initial only one: Yes ___ No ___

Please complete ALL of the following:

Student's Full Name _____

Student's email _____

Phone _____ Age _____ Birth Date _____ Sex M F

Street Address _____

City, State, Zip _____

School _____ Grade _____

IN CASE OF EMERGENCY, NOTIFY:

Full Name _____ Phone _____

Does student have any special physical problems of which we should be aware (allergies, etc.)?

No Yes (If yes, write on back)

Is student currently taking any medications?

No Yes (If yes, list all of them, with the amounts on the back)

Family Doctor _____ Phone _____