



I give my permission for my child _____ to attend the Apostolic Christian Church sponsored events and field trips during the course of the 2011 calendar year. I hereby give my complete and explicit permission for the child identified above to attend ALL events and field trips, even in the instance where a specific field trip permission form has NOT been returned to ACC with my signature. I understand that as a general practice ACC will notify me in advance of any such events and field trips.

I understand that ACC will not be held liable for any bodily injury incurred during any field trip, event or other ACC activity and hereby indemnify and relieve them of any such liability. I authorize the staff and volunteers of ACC to take any reasonable action designed to help ensure the safety, health and welfare of my child, and absolve the staff of any liability relating to such actions.

Medical Authorization Form

I hereby authorize the staff and volunteers of ACC to take any reasonable action to obtain emergency medical care for the identified child, and absolve them of any liability for such action. I hereby authorize any emergency medical, surgical, diagnostic and hospital care, treatment, or procedures deemed immediately necessary or advisable by emergency medical technicians, a physician, or a hospital to safeguard my child's health when I cannot be easily contacted. I also agree to be responsible for any medical expenses not covered by my insurance.

My child has the following allergies, dietary restrictions, or medical conditions:

Medications _____

In case of emergency, I can be reached at (____) ____ - _____ or (____) ____ - _____

Sanctuary

1635 Old Delaware Road
Mount Vernon, Ohio 43050

Phone (740) 393-1676 **Mailing**

PO Box 688
Mount Vernon, Ohio 43050
www.mvacc.org

Offices

1639 Old Delaware Road
Mount Vernon, Ohio 43050
Fax (740) 392-3774



If unable to reach me, please contact: Name _____

Relationship _____ Phone (____) ____ - _____

Parent/Guardian Signature _____

Date ____/____/____

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