New Life Assembly

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Policy Manual Acknowledgment and Medical Form

To be completed by parent or guardian.

I, ______________________________, parent of ____,
have received, read, and agree to the New Life True Identity Policy Manual.

Mother's name & contact number ________________________ ____________________________

Father's name & contact number ________________________ _____________________________

Alternate Contact in case of emergency _________________________ ________________________

Child's known food or medicinal allergies:
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I understand that the church staff will use their best efforts to supervise; however, I also understand the church staff/ volunteers are not responsible for loss of personal property or bodily injury. If I cannot be reached at the time of an emergency and if treatment is urgent in the judgment of the church staff and medical authorities, I authorize and direct the church staff members present to send my child (*properly accompanied*) to the hospital or the most easily accessible medical facility. I understand that I will assume full responsibility for the payment of any services rendered.

Signature of Parent/Guardian: __________________________________ Date: ________________

Insurance Information

Name of Policy Holder____________________   Group Number_________________________
Name of Insured______________________   Insurance ID Number____________________