

PARENTAL CONSENT AND MEDICAL AUTHORIZATION

Name of child/youth: _____ Grade: ____ Age: ____

Address: _____
Street/Apt Number City Zip code
Daytime Phone Number: _____ Evening Phone Number: _____

As the parent (or legal guardian) of: _____
Child/Youth's Name

I understand that my child/youth will be participating in a number of activities for the calendar year _____, which carry with them a certain degree of risk. Some of the activities are swimming, boating, hiking, camping, field trips, sports and other activities which the church may offer. I consent for my child to participate in these activities.

Please indicate any restrictions on your child's/youth/s activities:

_____ I represent that my child/youth is physically fit and has the necessary skills to safely participate in these activities.

_____ I represent that my child/youth has restrictions on the following particular activities:

_____ I also understand and give consent for my child to travel to and from these events in transportation provided by volunteer drivers and/or church provided transportation.

MEDICAL TREATMENT AUTHORIZATION

It is my understanding that the Church will attempt to notify me in care of a medical emergency involving my child/youth. If the church cannot reach me, then I authorize the church to hire a doctor or health-care professional, and I give my permission to the doctor or other health-care professional, to provide the medical services he or she may deem necessary. I will pay for any medical expenses so incurred.

I will notify the church if I feel there are any health considerations that would prevent my child/youth's participation in any of the activities listed above.

Allergies or other health considerations:

Insurance Company: _____ Policy/Group # _____

Signature of Parent or Guardian _____

Date: _____

Notary Stamp/Seal, Date and Signature
