

PARENTAL CONSENT-CERTIFICATION, AND MEDICAL AUTHORIZATION

Parents and legal guardians are asked to complete this form and return it to their church youth leaders. The information requested is designed to assist the church in providing for the safety of minors during church-sponsored activities.

GENERAL INFORMATION (please print)

Child's Name _____ Date of Birth _____
Father's Name _____ Mother's Name _____
Child's Address _____
Home Phone # _____ Parent's Work Phone # _____
Family Doctor _____ Dr. Phone # _____

CONSENT & CERTIFICATION

I, the undersigned, being parent or legal guardian of the child named above (the child), do hereby consent participation of my child in all of the regularly scheduled activities of Bethel Reformed Church for June 1, 2009 through August 30, 2010, including field trips, camp outs, retreats, work projects, swimming, boating, hiking, sporting events, and other activities customarily associated with a church youth group. Further, I certify that my child is physically fit and adequately trained to participate in such events including swimming (except as noted below).

MEDICAL QUESTIONNAIRE

Is your child presently being treated for an injury or sickness or taking any form of medication for any reason? Yes__No__
(If yes, please explain) _____

Does your child require a special diet? Yes__No__ (if yes, please explain)

Does your child have (or has ever had) any of the following: (circle, and explain below)
Seizure disorders Asthma Heart murmur Diabetes Hay fever Kidney disease

Does your child have any allergies other than-medical?. Yes__No__ (if yes, please explain).

Does your child ever sleep walk? Yes__ No __ Can your child swim? Yes__ No __

Does your child have any physical handicap or illness, which would prevent him/her from participating in normal rigorous activity? Yes__No__ (if yes, please explain) _____

MEDICAL TREATMENT

I understand that I will be notified in the case of medical emergency involving my child. However, in the event that I cannot be reached, I authorize the calling of a doctor and the providing of necessary medical services in the event my child is injured or becomes ill. I understand that the church will not be responsible for medical expenses incurred, but that such expenses will be my responsibility as parent/guardian. I agree to notify the church in the event of any health changes, which would restrict my child's participation in any normal youth activities. I also understand that the adult supervisors reserve the right to restrict my child from any activity that they do not feel is within the physical capabilities of my child.

A photocopy of this document has the same force and effect as the original.

Signature of Parent or Guardian _____ Date _____
Medical Insurance Company _____ Claim ID # _____ Group # _____
Name of Insured: _____