

PARENTAL CONSENT AND MEDICAL AUTHORIZATION FORM

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 _____

Father's Cell No. _____ Mother's Cell No. _____

Home Phone No. _____ Child's Address _____

Family Doctor _____ Doctor's Phone No. _____

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, 2011 through August 30, 2012, 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 (Please circle and explain where applicable)

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:

Seizure disorders / Asthma / Heart Murmur / Diabetes / Hay Fever / Kidney Disease

If yes, please explain _____

Does your child have any allergies other than medical? Yes / No

If yes, please explain _____

Does your child ever sleep walk? Yes / No Can you 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 that 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.

Signature of Parent / Guardian _____ Date _____

Medical Insurance Company _____

Claim ID No. _____ Group No. _____

Name of Insured _____

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