



**Bethel Church of Brandon  
2020-2021 Student Information**

| Student Name | Birthdate | Grade | Age | School Attending |
|--------------|-----------|-------|-----|------------------|
|              |           |       |     |                  |
|              |           |       |     |                  |
|              |           |       |     |                  |
|              |           |       |     |                  |

**Father's Information**

Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

**Mother's Information**

Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

**Emergency Contact Person (Other than a parent)**

Name: \_\_\_\_\_ Relationship to student: \_\_\_\_\_

Phone Number: \_\_\_\_\_

## PARENTAL CONSENT/CERTIFICATION AND MEDICAL AUTHORIZATION

**Student Name:** \_\_\_\_\_

Parents and legal guardians: complete this form and return it to the church youth leaders.

### GENERAL INFORMATION (Please Print)

Family Doctor: \_\_\_\_\_ Dr. Phone #: \_\_\_\_\_

### CONSENT & CERTIFICATION

I, the undersigned, being parent/legal guardian of the child, do hereby consent participation for them in all the regularly scheduled activities of Bethel Reformed Church for Sept. 9, 2020 through Sept. 9, 2021, associated with the church youth ministry. Further, I certify that they are physically fit and adequately trained to participate in these events.

### MEDICAL QUESTIONNAIRE

Is your child presently being treated for any injury or sickness or taking any form of medication for any reason? Yes\_\_\_ No\_\_\_

(If yes, please explain): \_\_\_\_\_

Does your child require being on a special diet? Yes\_\_\_ No\_\_\_

(If yes, please explain): \_\_\_\_\_

Does your child have/had any of the following?

Seizure disorder\_\_\_ 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 sleepwalk? Yes\_\_\_ No\_\_\_

Can your child swim? Yes\_\_\_ No\_\_\_

Does your child have any physical handicap or illness, which would prevent him/her from participate in normal rigorous activity? Yes\_\_\_ No\_\_\_

(If yes, please explain): \_\_\_\_\_

**MEDICAL TREATMENT:** I understand that I will be notified in case of a 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 they are injured or become ill. I understand that the church will not be responsible for medical expenses incurred, but that such expenses will be my responsibility. 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 or Guardian: \_\_\_\_\_

Medical Insurance Company: \_\_\_\_\_

Claim ID #: \_\_\_\_\_

Group # Name of Insured: \_\_\_\_\_

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