

Cottage Hill Students
Parental Consent, Certification, and Medical Authorization

General Information

Student's Name: _____ Date of Birth: _____

Address: _____ City: _____ State: _____

Family Doctor: _____ Phone #: _____

Insurance Company: _____ Policy #: _____

Emergency Contact Information

Name: _____ relationship: _____

Home Phone #: _____ Alternate Phone #: _____

Name: _____ relationship: _____

Home Phone #: _____ Alternate Phone #: _____

Consent and Certification

I, the undersigned, being the parent or legal guardian of the child named above (the "student"), do hereby consent to the participation of my child in all of the regularly scheduled activities of any Cottage Hill Students Event, **including transportation, and any other activities** customarily associated with a church trip or event. Further, I certify that my child is physically fit and adequately trained to participate in such events (except as noted below).

Medical Questionnaire

Does your child have any known allergies? Yes _____ No _____ If yes, please list allergen and reaction:

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 ever had) any of the following (circle and explain below):

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

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 Authorization

I understand that I will be notified in the 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 expenses incurred, but that such expenses will be my responsibility as parent/guardian. I give consent to medical and surgical treatment as needed in the judgment of the treating physician chosen by representatives of Cottage Hill Baptist Church. I also give consent to Cottage Hill Baptist Church and its representatives permission to transport my child at their discretion in case of an emergency.

I agree to notify the church in the event of any health changes which would restrict my child's participating in any normal youth camp 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.

Date: _____ Signature of Parent/Legal Guardian: _____