



2019 | JOURNEY STUDENTS ACTIVITY CONSENT FORM

Name of student _____ Birthdate _____

Name of parent(s) or guardian(s) _____

Address _____

Home telephone _____ Cell phone(s) _____

Other person and/or number to call in emergency _____

Medical Information

Is your child presently being treated for an injury or sickness or taking any medication? Yes _____ No _____

If yes, please explain.

Does your child have, or has your child ever had, any of the following? (Circle and explain below.)

Asthma Hay fever Kidney disease Diabetes Heart murmur Seizure disorders

Please explain.

Does your child ever sleepwalk? Yes _____ No _____

Child's blood type _____ (if known)

Does your child have a physical handicap or illness that would prevent him or her from participating in normal rigorous activity? Yes _____ No _____

If yes, please explain.

Does your child have any severe allergies? Yes _____ No _____

If yes, please explain.

Family Doctor _____ Doctor's Telephone (_____) _____

Insurance Co. _____ Policy/Group No. _____

Consent and Certification

I, the undersigned, being the parent or legal guardian of the child named above, do hereby consent to the participation of my child in all the scheduled Journey Students activities of **The Journey Church**, and any other supervised activities customarily associated with its student ministry, including student rallies and overnight or weekend student trips. Further, I certify that my child is physically fit and adequately prepared to participate in all recreational and sporting events. If I wish to revoke this consent for any reason, I will promptly notify the Journey Students Pastor in writing.

Note to Parent: If giving consent for one activity only, or if this consent is otherwise restricted, please specify:

Medical Treatment Authorization

I understand that I will be notified in the case of a medical emergency. 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 that my child is injured or becomes ill. I authorize one or more of the following persons to make emergency medical care decisions on behalf of my child, if required by law or a health care provider: **Cory Ball** or another adult chaperone designated by one of the aforementioned leaders.

Note to Parent: you may add or delete a name as desired:

I authorize these persons to act in my place to consent to all necessary and appropriate x-ray examinations, anesthetic, medical or surgical diagnosis or treatment, and hospital care.

I understand that The Journey (and the leadership referenced above) will not be responsible for medical expenses incurred solely on the basis of this authorization. I further agree to notify the Journey Students Pastor in writing of any health changes that would restrict my child's participation in any normal Journey Students activities. I also understand that the Journey Students Pastor and designated adult chaperones 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

Date

Journey Student's Pledge

I hereby pledge to uphold all policies of the Journey Students Department of **The Journey**. During all Students activities and all Students trips, I pledge to follow all instructions of the Journey Students leaders and the adult chaperones, including safety instructions.

Signature of Student

Date