



Parental Consent, Certification, and Medical Authorization

Parents and legal guardians of children or youth (minors) are asked to complete this form and return it to the Life Center Church Office. The information requested is designed to assist the church in providing for the safety of minors during Church-Sponsored activities.

General Information (Please Print)

Minor's Name _____ D.O.B. _____

Father's Name _____ Mother's Name _____

Minor's Address _____
Street City State Zip

Home Phone _____ Cell No. _____

Family Doctor _____ Phone No. _____

Medical Record Number _____

Consent and Certification

I, the undersigned, being the parent or legal guardian of the minor named above, do hereby consent to the participation of my child in all the regularly scheduled activities of Life Center Church during the 2018-2019 calendar year, including field trips, campouts, swimming, beach trips, boating, hiking, sporting events, sleepovers, and any other activities customarily associated with the church. Furthermore, 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)

Is your child allergic to any type of medication? 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:

(please circle and explain below)

Seizure Disorders
Diabetes

Asthma
Hay Fever

Heart Murmur
Kidney Disease

EpiPen

Does your child have any allergies other than medical (do they need an EpiPen)?

Yes _____ No _____
(If "yes," please explain)

Does your child ever sleep walk or have nightmares?
(If "yes," please explain)

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?
(If "yes," please explain)

Yes _____ No _____

Medical Treatment Authorization

I understand that I will be notified in the case of a medical emergency involving my child. However, in the event 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 Life Center Church will not be responsible for medical expenses incurred, but that such expenses will be my responsibility as parent/guardian.

I agree to notify Life Center Church in the event of any health changes which would restrict my child's participation in any normal church activity. I also understand that the adult supervisor reserves the right to restrict my child from any activity that they do not feel is within the physical capabilities of my child.

Photo/Image Release: I understand that photos, video, and/or audio footage will be taken during church events/activities. I understand that these images may be used in future publications, promotional material (website, Facebook, etc.), for Life Center Church. Any personal information about my child will be limited to the outlines set in the Model Release & Authorization Policy (listed below).

Model Release & Authorization Policy

I hereby give permission to Life Center Church the irrevocable right to use images in any media form, including composite or distorted representations, for advertising, trade, or any other lawful purpose. I further waive any right to inspect or approve the finished product, including written copy, created in connection with these images.

(Name of Parent/Legal Guardian) (Please Print)

(Signature of Parent/Legal Guardian)

(Date)