

State College Assembly of God

Parental Consent, Certification, & Authorization

Parents and legal guardians of minor children are asked to complete this form and return it to the church. The information requested is designed to assist the church in providing for the safety of minors during church sponsored activities in 2023.
GENERAL INFORMATION: (please print)

Student's Name _____ Date of birth _____

School _____ Grade _____

Father's Name _____ Mother's Name _____

Father's Cell _____ Mother's Cell _____

Home Phone# _____ Parents Work # _____ / _____

Student's Address _____

Student's Cell Phone# _____ Student's Email _____

Family Physician _____ Phone# _____

Insurance Coverage _____ Policy# _____

CONSENT & CERTIFICATION

I, the undersigned being the parent or legal guardian of the student named above, do hereby consent to the participation of my student in all **2023 State College Assembly of God Youth Activities. I also consent to photographs and/or video images** of the above listed student for use within the scope of State College Assembly of God for advertisements and/or promotions.

MEDICAL QUESTIONNAIRE

Is your student presently being treated for an injury or sickness or taking any form of medication for any reason?

___YES ___NO

If YES, Please explain and list medication:

Is your student allergic to any type of medication, or have other allergies we should be aware of? ___YES ___NO

If YES to either, please explain and list allergies:

MEDICAL TREATMENT AUTHORIZATION

I understand that I will be notified in the case of a medical emergency involving my student. However, in the event that I cannot be reached, I authorize the calling of a doctor and the providing of necessary services in the event my student is injured or becomes ill. I understand that the church will not be responsible if any injuries occur to my student related to youth activities and that any medical expenses incurred will be my responsibility as parent/guardian. I agree to notify the church in the event of any health changes, which would restrict my student's participation in any normal youth activities. I also understand that the supervisor reserves the right to restrict my student from any activity that they do not feel is within the physical capabilities of my student.

Signature of Parent/Guardian

Date



STATE COLLEGE ASSEMBLY OF GOD

Minor Participation Authorization and Consent to Emergency Medical Treatment Form

I, the undersigned, certify that I am the parent or legal guardian of:

_____ (Hereafter the "minor child").

I hereby give my consent to have my minor child participate in youth activities for 2023 at **STATE COLLEGE ASSEMBLY OF GOD** (hereafter "**State College Assembly**"). I recognize that there are risks involved in participating in certain activities and hereby assume all risk of injury, harm, damage, or death to my minor child in connection with his/her participation in this activity.

To the fullest extent permitted by law, I release **State College Assembly**, its trustees, officers, directors, employees, agents and representatives from any injury, harm, damage or death which may occur to my minor child while participating in these activities and agree to save and hold harmless **State College Assembly**, its trustees, officers, directors, employees, agents and representatives from any claims arising out of my minor child's participation in said activities.

Further, being the parent or legal guardian of the minor child, I do consent to any medical, surgical, x-ray, anesthetic, or dental treatment that may be deemed necessary for my minor child. I understand that efforts will be made to contact me prior to treatment but, in the event I cannot be reached in an emergency, I give permission to the activity leader to make the decisions necessary for treatment. Should there be no activity leader available, I give permission to the attending physician to treat my minor child. As parent or legal guardian, I understand that I am responsible for the health care decisions of my minor child and agree that my insurance plan is the primary plan to pay for the medical, dental, or hospital care or treatment that is given to my minor child.

Executed this _____ day of _____, 20_____.

Signature: _____

Printed Name: _____