

PARENTAL CONSENT, CERTIFICATION, AND MEDICAL AUTHORIZATION FORM
THE BRIDGE STUDENT COMMUNITY
August 2019 – August 2020

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.

GENERAL INFORMATION (please print)

Student's Name _____ Date of Birth _____

Parents/Guardian _____

Student's Address _____

Home Phone # _____ Parent's Work Phone # _____

Family Doctor _____ Doctor's Phone # _____

Insurance Company Covering Child _____ Policy # _____

Alternate contact in case of emergency:

Name _____ Phone # _____

CONSENT AND CERTIFICATION:

I, the undersigned, being the parent or legal guardian of the student named above (the "student"), do hereby consent to the participation of my child in all of the regularly-scheduled activities at The Bridge, of Nixa, Missouri during the 2019 – 2020 school year, including field trips, campouts, swimming, boating, hiking, sporting events, retreats, camps and any other activities customarily associated with kids are part of The Bridge. Further, 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 student 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 student have any allergies (including medications)? Yes _____ No _____ (if yes, please explain) _____

- Does your student ever sleep walk? Yes _____ No _____

- Can your student swim? Yes _____ No _____

- Does your student have any physical condition or illness that would prevent him or her from participating in the regularly-scheduled activities described above or in any other rigorous activity? Yes _____ No _____ If yes, explain below. A written release must be submitted by your student's physician authorizing your student to participate in such activities _____
- Does your student require a special diet? 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 student. 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 my child is injured or becomes ill. I authorize any 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: Youth Pastor, Associate Youth Pastor, Youth Assistant, Children's Pastor, Children's Assistant, Early Childhood Director, or designated Youth Leader/Children's Worker. I understand that the church will not be responsible for medical expenses incurred solely on the basis of this authorization.

I agree to notify the church in the event of any health changes, which would restrict my student's participation in any normal youth or children's activities. I also understand that the adult supervisors reserve the right to restrict my student from any activity that they do not feel is within the physical capabilities of my student.

Please Note: There is a good chance that pictures will be taken to be used in promoting further events.

A facsimile or photocopy of this form shall be as valid as the original.

Parent or Guardian Signature

Date

Parent or Guardian Signature

Date

Student Signature

Date