

**PARENTAL CONSENT, CERTIFICATION, AND MEDICAL 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.

**General Information (please print)**

Child's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Father's Name \_\_\_\_\_ Mother's Name \_\_\_\_\_  
Child's Address \_\_\_\_\_  
Home Phone Number \_\_\_\_\_ Parent's Work Phone \_\_\_\_\_  
Family Doctor \_\_\_\_\_ Doctor's Work Phone \_\_\_\_\_  
Insurance Company Covering Child \_\_\_\_\_ Policy Number \_\_\_\_\_

**Consent and Certification**

I, the undersigned, being the parent and legal guardian of the child named above, do hereby consent to the participation of my child in all of the regularly-scheduled activities of the Student Ministries/Children's Ministries at Life Church from 8/2014-8/2015 including field trips, campouts, swimming, boating, hiking, sporting events, and any other activities customarily associated with the Student Ministries/Children's Ministries. 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 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 have any allergies (including medications)? Yes \_\_\_\_ No \_\_\_\_ (if yes, please explain)

\_\_\_\_\_  
\_\_\_\_\_

• Does your child ever sleep walk? Yes \_\_\_\_ No \_\_\_\_ • Can your child swim? Yes \_\_\_\_ No \_\_\_\_

• Does your child 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 child's physician authorizing your child to participate in such activities. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

• Does your child 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 child. 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 the staff of Life Church or their designee to make emergency medical care decisions on behalf of my child, if required by law or a health care provider. 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 child's participation in any normal Student Ministries/Children's Ministries activity. 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.

**Permission to Transport Minor Children and Release of Liability**

We further release and hold harmless, Life Church, including any staff teachers, delegates, drivers, volunteers, agents, employees, officers, or directors of these entities from any liability or claim of liability, including negligence, and for any personal injury, including death, (especially including, - but not limited to bodily injury or death from any motor vehicle accident or personal injury incurred during the field trips) and for any other damages including actual, compensatory, consequential, or incidental), arising from or relating to activities which take place during the said field trip, or in the travel to and from said field trip.

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

\_\_\_\_\_ Date  
\_\_\_\_\_ Date

**Signatures of Parents or Guardians**

STATE OF \_\_\_\_\_

COUNTY OF \_\_\_\_\_

On this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_, before me, \_\_\_\_\_, a Notary Public  
in month year

and for said state personally appeared \_\_\_\_\_, known to me to be the person who executed the within agreement and acknowledged to me that he/she executed the same for the purposes therein stated.

\_\_\_\_\_  
Notary Public

My commission expires: \_\_\_\_\_