



Parental Consent, Certification and Medical Authorization

GENERAL INFORMATION (Please print)

Child's Name _____ Date of Birth _____

Father's Name _____ Mother's Name _____

Child's Address _____

Home Phone _____ Alternate Phone _____

Family Doctor _____ Doctor's Phone _____

Insurance Provider _____ Policy # _____

CONSENT AND CERTIFICATION

I, the undersigned, being parent and/or legal guardian of the child named above, do hereby consent to the participation of my child in all the regularly scheduled activities of The River Assembly of God during 2013 including transportation to and from such events.

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 physical condition or illness that would prevent him or her from participating in the regularly scheduled activities of the church?
Yes _____ No _____
(If yes, please explain) _____
- Does your child have any allergies (including medications)? Yes _____ No _____
(If yes, please explain) _____
- Does your child require a special diet? Yes _____ No _____
(If yes, please explain) _____

Please See Reverse

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 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 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 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.

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

_____ Date _____

_____ Date _____

Signatures of parent(s) or guardian(s)