

PARENTAL CONSENT, CERTIFICATION AND MEDICAL AUTHORIZATION

CHRISTIAN ASSEMBLY OF GOD, BENTLEYVILLE, PA *YOUTH & CHILDREN'S MINISTRY*

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. Please return PROMPTLY!

GENERAL INFORMATION (PLEASE PRINT)

Child's Name _____ Date of birth _____

Father's Name _____ Mother's name _____

Child's Address _____

Home Phone #. _____ Parent's Work/Mobile # _____

Family Doctor _____ Phone # _____

CONSENT AND CERTIFICATION

I, the undersigned, being the parent or legal guardian of the child named above (the "child"), do hereby consent to the participation of my child in all the scheduled activities of Christian Assembly of God, Bentleyville, PA, **during 2018**, including swimming, sports events, various games, trips, retreats, concerts, and any other activities customarily associated with a church youth group. I certify that my child is physically fit and adequately trained to participate in any participating activities, except as noted below.

Please make a note: In case of emergency, contact PASTOR PAUL at 724.454.4878

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. Include a list of all current medicines being taken) _____

**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: (circle, and explain below)

Seizure disorders

Asthma

Heart murmur

Diabetes

Hay fever

Kidney disease

_____.

**Does your child have any allergies other than medical? Yes _____ No _____ (If yes, please explain. Include reaction and treatment). _____

** Date of last Tetanus Shot: ____/____/____.

**Does your child ever sleep walk? 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? Yes _____ No _____ (If yes, please explain. Include all restricted activities) _____

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 understand that the Church will not be responsible for medical expenses incurred, but that such expenses will be my responsibility as parent/guardian.

I agree to notify the Church in the event of any health changes which would restrict my child's participation in any normal youth or children's activities. 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.

(Signature of Parent/Guardian)

(Date)

Optional (but beneficial)

Insurance Plan Company & Name: _____

Group Number: _____

Member ID/Policy Number: _____