

## Parental Consent and Medical Authorization

Parents and legal guardians of minor children are asked to complete this form and return it to Life Christian Center. The information requested is designed to assist the church in providing for the safety of minor during church sponsored activities.

### General Information:

Child's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Guardian's Name \_\_\_\_\_

Child's Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell/Work Phone \_\_\_\_\_

### Consent and Certification:

I, the undersigned being the parent or legal guardian of the child named about ("the child"), do hereby consent to the participation of my child in the activities that may be associated with No-Limit Youth Ministries at Life Christian Center of Lee's Summit, MO.

X \_\_\_\_\_

### Medical Treatment Authorization:

\*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)

\_\_\_\_\_

\*Is your child allergic to any type of medication? Yes \_\_\_\_\_ No \_\_\_\_\_ (If yes, please explain) \_\_\_\_\_

\_\_\_\_\_

I understand that I will be notified in 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 activities that they do not feel is within the physical capabilities of my child.

X \_\_\_\_\_ Date \_\_\_\_\_