

2014 PARENTAL CONSENT, CERTIFICATION & MEDICAL AUTHORIZATION

West Side Church of Christ

1190 Stahlheber Rd. Hamilton, Ohio 45013

Phone (513) 863-7553 FAX: (513) 863-7552

Dear Parent(s), Please complete the following information about your child. (**Please Print**)

Personal information:

Full Name: _____ Male Female
Address: _____ City _____ State _____ ZIP _____ Birth _____
Date: ____/____/____ Grade Completed: _____
Emergency Contact: (____) ____-____ Name _____ relation to student: _____

Medical Insurance Information:

Insurance Company _____
Policy Number (Primary): _____ (Secondary): _____
Family Physician _____ (____) ____-____

- A. List any **ALLEGRIES** your child may have:

- B. List any adverse reactions to **MEDICATIONS** and/or **TREATMENT** your child has.

- C. List any **MEDICATION YOUR CHILD TAKES REGULARY OR PERIODICALLY:**

- D. List any **OTHER SPECIAL CONDITIONS:**

Consent & Certification: I, the undersigned, being the parent or legal guardian of the child named above, do hereby consent to the participation of my child in all of the **2014 Children’s Ministry Activities of West Side Church of Christ, Hamilton, Ohio**, including field trips, campouts, swimming, skiing, camps, conventions, boating, hiking, sporting events, and any other activities customarily associated with church sponsored activities.

Medical Treatment Authorization: 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 that my child is injured or becomes ill. I understand that West Side Church of Christ will not be responsible for medical expenses incurred, but that such expenses will be solely my responsibility as parents/guardian. I agree to notify the Church in the event of any health changes which would restrict my child’s participation in normal 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.

X _____ / ____/____ Home Phone () _____ - _____
Parent/Legal Guardian Signature Date Work Phone () _____ - _____

_____/____/____
Official Sponsor Signature Date

