

**YOUTH MINISTRIES OF PEOPLES CHURCH
2009-2010**

Parental Consent, Certification and Medical Authorization Form

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.

ONE FORM PER STUDENT

General Information (please print)

Student's Name _____ Date of Birth _____ Grade _____
Father's Name _____ Mother's Name _____
Child's Address _____
Home Phone _____ Parent's Work Phone _____
Parent's Cell Phone(s) _____
Family Doctor _____ Dr. Phone _____
Medical Insurance Provider _____ Group # _____ Policy # _____
Name of Primary Insured _____

Consent and Certification

I, the undersigned, being the parent or legal guardian of the student named above, do hereby consent to the participation of my child in all of the regularly-scheduled activities of the youth ministry of Peoples Church from September 1, 2008 through September 15, 2009. This may include field trips, campouts, swimming, boating, hiking, sporting events, and any other activities customarily associated with a church youth group. 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) _____
- 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) _____
- 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) _____

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 Peoples Church Youth Pastor and/or the Youth Staff 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 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)