

PARENTAL CONSENT FORM

Parents and legal guardians of minor children are asked to complete this form and return it to FIRST ASSEMBLY of God [name of church]. The information requested is designed to assist the church in providing for the safety of minors during church-sponsored activities.

General Information (please print)

Child's Name _____ Date of Birth _____

Father's Name _____ Mother's Name _____

Child's Address _____

Home Phone No. _____ Parent's Work Phone No. _____

Family Doctor _____ Dr. Phone No. _____

Insurance Company Covering Child _____ Policy Number _____

Consent and Certification

We, the undersigned, being the parents or legal guardians of the child named above (the "child"), do hereby consent to the participation of our child in the regularly-scheduled activities of the youth program of the church during 2009 [year], including field trips, campouts, swimming, boating, hiking, sports events, and any other activities customarily associated with a church youth group. Further, we certify that our child is physically able and adequately trained to participate in such events, including swimming.

We do not authorize our child to participate in any of the following activities:

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 condition or illness which would prevent him/her from participating in normal rigorous activity? Yes ____ No ____ (if yes, please explain) _____

Medical Treatment Authorization

We understand that we will be notified in the case of a medical emergency involving our child. However, in the event that we, or either or use, cannot be reached, we authorize the calling of a doctor and the providing of necessary medical services in the event our child is injured or becomes ill. We authorize any one or more of the following persons to make emergency medical care decisions on behalf of our child, if required by law or a health care provider:

We understand that the church, or any of their agents, employees, or volunteers, will not be responsible for medical expenses incurred on the basis of this authorization.

We agree to notify the church in the event of any health changes which would restrict our child's participation in any activities. We also understand that the adult church representatives reserve the right to restrict our child from any activity that they do not feel is within the physical capabilities of my child.

Insurance Election

The church has explained to us the amount of insurance coverage provided under our church's insurance policy. We understand and agree that we are responsible for obtaining any additional insurance coverages that we consider necessary.

Please check the appropriate box:

- We do not desire any additional insurance coverage for our child other than what the church currently provides.
- We do desire additional insurance coverage, and we assume full responsibility for obtaining such coverage from a private insurance carrier at our expense.

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| (Signatures of Parents/Guardians) | (Date) |

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| (Signatures of 2 adult witnesses) | (Date) |