

CLC CHILDREN/YOUTH MINISTRIES

Parental Consent, Certification and Medical Authorization

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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.

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 Phone _____

Family Doctor _____ Doctor's Phone _____

Insurance Company Covering Child _____ Policy Number _____

Consent and Certification

I, the undersigned, being the parent and the legal guardian of the child named above, do hereby consent to the participation of my child in all of the regularly scheduled activities of the Church of the Living Christ Children & Youth Ministries ("CLC"), including field trips, camps, swimming, boating, hiking, sporting events, and any other activities customarily associated with CLC. Further, I certify that my child is physically fit and adequately trained to participate in such events, including swimming, **except as noted below:**

Event name: _____ Event date: ____/____/____

Signed: _____ / / _____
signature of parent or guardian date

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)

- Does your child have any allergies (including medications)? Yes No (if yes, please explain)

- Does your child ever sleep walk? Yes No

- Please indicate your child's swimming level: Non-swimmer Beginner Intermediate Advanced

- Does your child have any physical condition or illness that would prevent him or her from participating in the regularly scheduled activities described above or in any other rigorous activity? Yes No.

If yes, explain below. A written release must be submitted by your child's physician authorizing your child to participate in such activities. (continued on reverse)

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- Does your child require a special diet? Yes No (If yes, please explain)
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Medical Treatment Authorization

Being the parent or legal guardian of _____, (minor's name printed) I _____ (parent/guardian's name printed) I do consent to any x-ray, anesthetic, medical, surgical, or dental diagnosis or treatment that may be deemed necessary for my minor child. Further, I understand that all efforts will be made to contact me prior to treatment. In the event I cannot be reached in an emergency, I give permission to the activity leader to make the decisions necessary for treatment. Should there be no activity leader available, I give permission to the attending physician to treat my minor child. I further understand that the doctors, dentists, and other providers attending to my child will take all reasonable safety precautions during their care. Further, as parent or legal guardian I am responsible for the health care decisions for my minor child and agree that my insurance plan is the primary plan to pay for the dental, medical, or hospital care or treatment that is given to my child. Any policy of the church or organization sponsoring this event will be used as the secondary coverage.

I agree to notify CLC in the event of any health changes which restrict my child's participation in any normal CLC activity. 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.

I understand that all reasonable safety precautions will be taken by the leaders of this activity, and that the possibility of an unforeseen hazard does exist. I further agree not to hold Church of the Living Christ, its leaders, employees, and volunteer staff liable for damages, losses, diseases, or injuries incurred by the minor listed on this form.

A facsimile or photocopy of this form shall be as valid as the original.

Signature of Parent of Guardian

Date

----- **Notary only needed if indicated on flyer** -----

State of _____)

) **ss.**

County of _____)

On this _____ day of _____, _____, before me, _____, a Notary Public in and for said state personally appeared _____, known to me to be the person who executed the within agreement and acknowledged to me that he/she executed the same for the same purpose therein stated.

Notary Public

My commission expires: _____.