

PARENTAL CONSENT, CERTIFICATION, AND MEDICAL AUTHORIZATION FORM FOR 2009-2010

The information requested below is designed to assist the church in providing for the safety of minors during church sponsored activities.

General Information

Name of Youth: _____

Preferred Name: _____

Youth email: _____

School attended: _____

Youth cell phone: _____

Grade in school: _____

Name of Parent or Guardian: _____

Phone#: _____

Address: _____

Parent email: _____

Parent/Guardian Workplace & Work Telephone#: _____

Consent and Certification

I, the undersigned, being the parent or legal guardian of the child named above, do hereby consent to the participation of my child (named above) in the youth ministry of Oakland Avenue Presbyterian Church for one year from the date of signature below. The youth ministry may include a variety of activities such as Sunday morning Church School, Sunday evening youth group meetings, sporting events, swimming, choir, Carowinds Youth Day, Sr. High Beach Retreat, and others. I certify that my child is physically fit and adequately trained to participate in such events (except as noted below). Furthermore, I understand that every effort will be made to insure safety and will not hold Oakland Avenue Presbyterian Church or the adult leaders responsible for any accidents, injuries from accident, or costs incurred from either. I understand the details concerning these various activities will be printed in the youth newsletter, the Oakleaf, and the Sunday morning bulletin.

Medical Questionnaire

Is your child presently being treated for an injury, 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
Diabetes

Asthma
Hay Fever

Heart Murmur
Kidney Disease

Does your child have any allergies other than medications? Yes _____ No _____ (If yes, please explain.)

Does your child ever sleep walk? 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.) **(over)**

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 providing necessary medical services in the event my child is injured or becomes ill. I understand that Oakland Avenue Presbyterian Church will not be responsible for medical expenses incurred, but that such expenses will be my responsibility as parent/guardian.

I agree to notify Oakland Avenue Presbyterian Church in the event of any health changes which would restrict my child's participation in any activities of the youth ministry. I also understand that the adult supervisors reserve the right to restrict my child from participating in any activity that they do not feel is within the physical capabilities of my child.

I hereby give permission to the physician selected by the adult in charge to hospitalize, secure proper treatment for, and to order injection, anesthesia, or surgery for my youth.

Family Physician: _____ Phone: _____

Signature of Parent/Guardian Date

Medical Insurance Information

Insurance Co./Policy Number: _____

Name Insured: _____

