2015/2016 PARENTAL CONSENT FORM

Dear Parent/Legal Guardian,

Because we value your child and their safety, we ask that you provide us with the necessary and current medical information, as well as permission to medically treat your student should they require medical attention.

We also ask you to provide us with your location during certain times when your child may be attending a student or child ministry event. In the case of an emergency, we can quickly notify you, either by phone or in person. Should your child's medical or contact information change, please notify us so we update our records.

This 2015/2016 Parental Consent Form (PCF) is valid for one (1) year. Your child's 2015/2016 PCF will be kept on file for 12 months.

Thank you so much for your cooperation. Your partnership in helping your young person honor God as a healthy follower of Christ is a valuable investment. Be blessed!

DSM First Student & Children's Ministries

PLEASE INITIAL ON THE LINE NEXT TO EACH SECTION:

Parental Consent for Travel

______I give permission for my child, ____________________________________ currently in grade ________, to travel in transportation provided by DSM First Assembly of God for church events, activities and trips within the state of Iowa. (A separate consent form will be issued for any out-of-state travel.)

Other Items

I understand that photos and videos could be taken of my student during youth group activities and (initial by one)

______ **give my permission** for these to be used in promotional materials and on bulletin boards.

______would prefer that pictures of my student **not be used** in promotional materials.

The following people are authorized to pick up my student:______________________________

______If my student is to ride home with someone other than a parent/legal guardian, I/we will provide a signed note that states who will be providing transportation.

Parental Consent for Medical Treatment of Minor

___________________________________ ______________________________

Name of Parent or Guardian (please print) Name of Child (please print)

___________________________________ ______________________________

Name of Parent or Guardian (please print) Emergency Phone Number(s)

PLEASE INITIAL ON THE LINE NEXT TO EACH SECTION:

______The parent(s) or guardian(s) listed above have temporarily entrusted their minor to the care of First Assembly of God and its adult staff members. In the case of an emergency involving my minor child, I understand every effort will be made to contact me. In the event I cannot be reached, I hereby give my permission to the medical provider selected by the adult leader in charge to secure proper medical and/or surgical diagnosis and/or treatment, including but not limited to hospitalization, x-rays, anesthesia, surgery, or injections of medication for my child which is recommended by a licensed medical care provider within the state or country where the services are to be performed. **(Fill out the medical information sheet for the student on the next page.**

________ Medical providers are authorized to disclose to the adult in charge examination findings, test results, and treatment provided for purposes of medical evaluation of the minor child, follow-up and communication with the child's parents or guardian, and/or determination of the participant's ability to continue in the program activities.

________ The parent(s) or guardian(s) understand that this authorization is given before any x-ray examination, anesthetic, medical, surgical or dental diagnosis or treatment and or hospital care is required, but is given to provide authority and power to First Assembly of God and its adult staff members to give specific consent for medical or dental treatment or hospital care when advised by a licensed medical care provider and when the child's parents or guardians are unavailable to give consent.

________ The parent(s) or guardian(s) authorize any hospital which has provided treatment to the child to return physical custody of the child to First Assembly of God and its adult staff members when treatment is completed.

________ The parent(s) or guardian(s) accept financial responsibility for any and all costs of medical or dental care provided to the minor and consented to by First Assembly of God and/or its adult staff members. (**Complete medical insurance information on the next page.)**

THIS AUTHORIZATION SHALL REMAIN EFFECTIVE UNTIL **August 31, 2016**, UNLESS SOONER REVOKED IN WRITING AND DELIVERED TO FIRST ASSEMBLY OF GOD.

Parent/Guardian Initial ________________ Notary Initial ________________

Medical Information

PLEASE PRINT!

Child's full name:____ Date of Birth:______________________________

SPECIAL MEDICAL CONDITIONS OF STUDENT such as Diabetes, Allergic Reactions, Asthma or past serious illnesses: ____

RESTRICTIONS to ACTIVITIES OR MOBILITY: ____

MEDICATIONS currently using: ____

Do adult leaders have permission to dispense:
Tylenol, aspirin, Pepto-Bismol or other over-the-counter medications? ☐ Yes ☐ No

Doctor's Name:____________________________________ Doctor's Phone:____________________________________

Doctor's Address:__________________________________ Hospital Preference: ________________________________

Dentist's Name:_____________________________________ Dentist's Phone: __________________________________

INSURANCE INFORMATION:

Insurance Company:____ *Please provide a copy of the insurance card.*

Policy Number:______________________________________ Plan Number:____________________________________

Emergency Contact Information

Address: ____ Home Phone: _____________________

Mother/Guardian's Name:___________________ Work Phone:__________________ Cell Phone:_________________
Email Address____

Father/Guardian's Name:____________________ Work Phone:_________________ Cell Phone:_________________
Email Address____

Alternate Emergency Contact:____________________ Relationship to Child:_______________________________
Home Phone:____________________ Work Phone:__________________ Alternate Phone:____________________

Parent Locations During Following Times:

Sunday School Hour (8:30 a.m. – 9:30 a.m.): _________________ (10:00 a.m. – 11:00 a.m.) _____________

Wednesday Night (6:30 – 8:00 pm): ____________________

This information is current as of ________________ Parent/Guardian Initial: ______ Initials of Notary:___________

IMPORTANT: Some doctors/hospitals will not accept the medical authorization unless the form is notarized. You may be able to find a notary at your work or bank. You must sign *in the presence* of the notary or they cannot validate this form.

We (I), in consideration for my minor child participating in First Assembly of God Student Ministries events and activities, we (I), do hereby release, forever discharge and agree to hold harmless First Assembly of God, Des Moines, Iowa, and the directors thereof from any and all liability, claims or demands for personal injury, sickness or death, as well as property damage and expenses, of any nature whatsoever which may be incurred by the undersigned and the minor child that occur while said child is participating in above described events and activities.

Furthermore, we (I) and on behalf of our minor child hereby assume all risk of personal injury, sickness, death, damage and expense as a result of participation in recreation and work activities involved therein.

The undersigned further hereby agree to hold harmless and indemnify said church, its directors, employees and agents, for any liability sustained by said church as the result of the negligent, willful or intentional acts of said participant, including expenses incurred attendant thereto.

____

Parent or Legal Guardian Date

____

Witness Date

STATE OF ____________________ COUNTY OF __________________

On this ____, before me, the undersigned, a Notary Public in and for the said State, personally appeared ____ and acknowledged to me that they are the parent(s)/guardian of the above named minor child, and executed the foregoing instrument as their voluntary act and deed both on their own behalf and in their representative capacity on behalf of the minor child.

Seal:

____

Notary Public in and for said State