

PARENTAL CONSENT FORM
PARENTAL CONSENT & MEDICAL AUTHORIZATION FORM

Registration Information

Last Name _____ First Name _____ Birth Date _____
Grade in School _____ School Attending _____
Parent Name(s) _____
Address _____ City _____ Zip _____
Home Phone (____) _____ Wk Phone (____) _____
Cell Phone/Pager (____) _____ Church Affiliation _____
Parent's email _____ Student's email _____

Medical Information

Are there any medical problems or allergies or medication issues that we should be aware of? If so, please describe:

Doctor/Clinic Name _____ Phone (____) _____
Hospital of Choice _____
Insurance Company _____ Phone (____) _____
Group/Policy Number _____ Member ID Number _____

Emergency Contact Information

If parent cannot be reached at the numbers above, please list two people that your child can be released to in the event of an emergency.

Phone #(____) _____ Name/Relationship _____
Phone #(____) _____ Name/Relationship _____

Parental Authorization

As the parent (or legal guardian of (child's name) _____,
I understand that my child will be participating in a number of activities which carry with them a certain degree of risk. Some of the activities may include, but are not limited to: swimming, boating, hiking, camping, field trips, sports and other activities which the church may offer. I consent for my child to participate in these activities.
I also represent that my child is of adequate health to safely participate in these activities.

Particularly, I state that my child can _____ cannot _____ swim.

I also understand and give consent for my child to travel to and from these events in transportation provided by approved volunteer drivers. You are invited to review our driver policy which is available from the applicable youth leader.

It is my understanding that the church will attempt to notify me in case of a medical emergency involving my child. If the church cannot reach me, then I authorize the church to hire a doctor or other health-care professional, and I give my permission to the doctor or other health-care professional to provide the medical services he or she may deem necessary. I will pay for any medical expenses so incurred.

I will notify the church if I feel there are any health considerations that would prevent my child's participation in any activity.

I also give my permission for the appropriate ministry leader to restrict my child from participation in any activity which they have any question about for health or other reasons.

I hereby release Shoreline Covenant Church from any liability in the event of injury/illness.

Parent/Guardian Signature _____ Date _____