

Parental Consent, Certification, and Medical Authorization

Parents and legal guardians of minor children are asked to complete this form and return it to the church. The information is designed to assist the church in providing for the safety of minors while attending church sponsored activities.

General Information

Please complete all sections

Child's name: _____	Father's Name: _____
Child's address: _____	Father's contact phone #: _____
Date of Birth: _____	Mother's Name: _____
Date of Birth: _____	Mother's contact phone #: _____
Family Doctor: _____	Insurance Co. _____
Doctor's contact #: _____	Insurance Policy #: _____

Custody

Are there any custody issues we should be aware of: No Yes – explain: _____

Consent and Certification

I certify to being a parent or legal guardian of the named child and do give consent to participation in regularly scheduled Youth Group activities with Morning Star Friends Church, Chardon, Ohio. I do understand that such events include trips, camping, swimming, hiking, sporting events and any other customary activity.

Medical Questionnaire

Is your child being treated for an injury or illness or taking any form of medication?

Yes _____ No _____

If yes, explain: _____

Is your child allergic to any type of medicine?

Yes _____ No _____

If yes, explain: _____

Does your child have any environmental allergies or any other type of allergies?

Yes _____ No _____

If yes, explain: _____

Does your child need a special diet?

Yes ____ No ____

If yes, explain: _____

Does your child have or had any of the following? (circle and explain)

Seizures Diabetes Heart disorders

Asthma Hay fever Kidney disease

Does your child sleepwalk?

Yes ____ No ____

If yes, explain: _____

Can your child swim?

Yes _____ No _____

Does your child have any other condition that would prevent them from partaking in any normal rigorous physical activity?

Yes ____ No ____

If yes, explain: _____

Medical Treatment Authorization

I understand that I will be notified in the event of a medical incident or an injury that would involve my child. However, in the event that I cannot be reached, I authorize the calling of a doctor or necessary medical services should my child become ill or have an injury. I understand that the church will not be responsible for the medical expenses incurred, but that such expenses are the responsibility of the parents or guardians.

I agree to notify the church in the event of any health changes which would restrict my child's participation in normal activity. I also understand that the adult supervisors reserve the right to restrict my child in any activity they do not feel is within the physical capacities of my child.

Child's Name: _____ Parent's Signature: _____

Date: _____