____________________ CHURCH

Parent Consent Form for Group Activity and Medical Authorization

___________________________________ has my permission to participate in

_____________________ at __________________ on __________________

Bring:
- _______ lunch
- _______ no lunch (it's provided)
- _______ other _________________

Method of Transportation:
- _______ private car
- _______ church van
- _______ other ________________

Additional Information:

____

____

Please fill in the information below :

Child's Social Security #:________________________

Do you have Health Insurance? Yes _____ No _____ Policy No. _______________

Name of Health Insurance Co.: ____

Health Information: Has your child had any of the following? (Check if answer is YES)

________ Frequent or severe headaches	________ Asthma
________ Ear, nose or throat trouble	________ Heart trouble
________ Dizziness or fainting spells	________ Frequent colds
________ Shortness of breath	________ Diabetes

List allergies and/or allergic reactions____________________________________

List any medication your child now takes__________________________________

Should it be necessary for my child to have medical treatment while participating in this activity, I hereby give the person(s) in charge permission to act on my behalf to SECURE HOSPITALIZATION or medical services deemed necessary and appropriate by the physician. I absolve said Church from any and all forms of negligence and wrong treatment incurred in the procurement and process of hospitalization and medical treatment. I understand that ______________ Church has no accident insurance. Any cost incurred shall by my sole responsibility.

____

Signature

____

Relationship to participant home phone workphone

____

Address city

- -

Tear Off and Keep for Your Information

This activity is organized by _____________________________ of

(adult in charge)

_____________________________, _________________________ Church.

Departure from church:_____a.m./ p.m. Return to home: _____a.m./ p.m.