

CHURCH
Parent Consent Form for Group Activity and Medical Authorization

_____ has my permission to participate in
_____ at _____ on _____

Bring: _____ Method of Transportation: _____
_____ Lunch _____ Private Car
_____ No Lunch (It's provided) _____ Church Van
_____ Other _____ Other _____

Additional Information: _____

Please fill in the information below:

Child's Social Security #: _____

Do you have Health Insurance? Yes No If yes, Policy _____

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 you 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 be my sole responsibility.

Signature

Relationship to Participant _____ Home phone _____ Work Phone _____

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.