

Sisco Heights Community Church - 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 requested is designed to assist the church in providing for the safety of minors during church-sponsored activities.

General Information (please print)

Child's Name: _____ Date of Birth: _____

Father's Name: _____ Mother's Name: _____

Child's Address: _____

Home Phone: _____ Parent's Work/Cell Phone: _____

Family Doctor: _____ Doctor's Phone: _____

Insurance Company covering child _____ Policy Number: _____

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Consent and Certification

I, the undersigned, being the parent and/or legal guardian of the child named above, do hereby consent to the participation of my child in all of the regularly scheduled activities of the **Youth Group** at Sisco Heights Community Church during **2021-2022** including field trips (such as movie, river or parks, Retreat events) Retreat/Advance, sleepovers, swimming, boating, hiking, bowling, skating, sporting events and any other activities customarily associated with a ministry outing. Further, I certify that my child is physically fit and adequately trained to participate in such events, including swimming, except as noted below: *(Please indicate activities you do NOT wish your child to participate in)*

Signature: _____ Date: _____
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Medical Questionnaire

- Is your child presently being treated for an injury or sickness or taking any form of medication for any reason? Yes ___ No ___ (If yes, please explain)
- Does your child have any allergies (including medications)? Yes ___ No ___ (If yes, please explain)
- Does your child ever sleep walk? Yes ___ No ___
- Does your child have any physical condition or illness that would prevent him or her from participating in the regularly scheduled activities described above or in any other rigorous activity? Yes ___ No ___ If yes, please explain below. *A written release must be submitted by your child's physician authorizing your child to participate in such activities*
- Does your child require a special diet? Yes ___ No ___ (If yes, please explain)

Medical Treatment Authorization

I understand that I will be notified in the case of a medical emergency involving my child. However, in the event that I cannot be reached, I authorize the calling of a doctor or emergency medical assistance and the providing of necessary medical services in the event my child is injured or becomes ill, I authorize any one or more of the following persons to make emergency medical care decisions on behalf of my child, if required by law or a health care provider: Dan or Jan Eide, Adam or Laurie Parker, D. Ryan Davis (or an Official Board Member, Pastoral Staff Member, or adult Event Counselor). I understand that the church will not be responsible for medical expenses incurred solely on the basis of this authorization. I agree to notify the church in the event of any health changes which would restrict my child's participation in any normal Youth activity. I also understand that the adult supervisors reserve the right to restrict my child from any activity that they do not feel is within the physical capabilities of my child.

Signature of parent(s) or guardian(s) Printed name of parent(s) or guardian(s) Date