

Parental Consent and Medical Authorization

Please print legibly and fill out this form completely.

STUDENT'S NAME: _____

STREET ADDRESS: _____ BIRTHDATE: ____/____/____

CITY, STATE, ZIP: _____ SCHOOL GRADE: _____

HOME PHONE: _____ CELL PHONE: _____ EMAIL: _____

PARENT'S OR LEGAL GUARDIAN'S NAME: _____

DAY PHONE: _____ EVE. PHONE: _____ EMAIL: _____

As the parent / legal guardian) of _____,
(student'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 are swimming, boating, hiking, camping, field trips, sports, & other activities which the church may offer. I consent for my child to participate in these activities. Initials: _____

I also represent that my child is physically fit and has the necessary skills to safely participate in these activities. Particularly, I state that my child can or cannot swim (check one). Initials: _____

I also understand and give consent for my child to travel to and from these events in transportation provided by volunteer drivers. Initials: _____

I also give Faith Covenant Church permission to photograph my student while he/she participates in FCC activities and will allow these photos to be used for promotional purposes, including the church's website and Facebook pages. I understand that if I wish to rescind these permissions, I will contact Faith Covenant Church in writing to do so. Initials: _____

MEDICAL TREATMENT AUTHORIZATION

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 healthcare professional, and I give my permission to the doctor or other healthcare 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 for the sake of their health or safety.

I also give my permission for the church's children &/or youth leaders to restrict my child from participation in any activity for the sake of their health or safety.

MEDICAL INSURANCE COMPANY: _____ POLICY/GROUP #: _____

PRIMARY CARE PHYSICIAN: _____ PHONE #: _____

ALLERGIES, MEDICATIONS, AND OTHER HEALTH CONSIDERATIONS: _____

PARENT / LEGAL GUARDIAN'S SIGNATURE: _____ DATE: _____