



lifestudents PARENTAL CONSENT AND MEDICAL AUTHORIZATION

Name of Student: _____
Address: _____

Grade ___ Age___
Phone _____
Birth Date _____

As the parent or legal guardian of _____ (student's name)

I understand that my child may be participating in a number of activities for the **school year** _____ which carry with them a certain degree of risk. Some of the activities may include swimming, sledding, boating, hiking, camping, field trips, sports and other activities which our student ministry may offer. I consent for my child to participate in these activities.

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 _____ cannot _____ swim (please check one).**

I also understand and give consent for my child to travel to and from these events in transportation provided by volunteer drivers who have been approved by Dan Pratt, Pastor of Student Ministries.

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, I authorize the church to hire a doctor or other health-care professional, and I give my permission to the doctor or other health-care 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 of the activities listed above.

I also give my permission for the church's children's and/or youth leaders to restrict my child from participation in any activity which they have any question about for health or other reasons.

Allergies or other health considerations:

Please list any medications your child takes including dosage amount and frequency:

Insurance Co.: _____ Enrollee Name: _____

Enrollee ID: _____ Policy/Group#: _____

Parent or Legal Guardian Name: _____

Signature _____ Date: _____

Daytime Phone: _____ Evening Phone: _____

Emergency Contact (other than yourself) _____ Phone: _____