

# INSERT CHURCH NAME HERE PARENT/GUARDIAN CONSENT FORM

Effective Dates: \_\_\_\_\_ to 5/31/2011  
(today's date)

**Student Information:**

Name (First, Middle, Last)	
Age	Birthday:
Address	
City, State, Zip	
Phone	
Alternative Phone	
Medical Insurance Company	
Policy #	

**Medical Information:**

Medical Insurance Company	
Policy #	
Physician	Office Phone:
Dentist	Office Phone:

**Emergency Contact Information:**

Mother's Name	Home Phone:	Alt. Phone:
Father's Name	Home Phone:	Alt. Phone:
Emergency Contact	Home Phone:	Alt. Phone:
Relationship to Student		
Emergency Contact	Home Phone:	Alt. Phone:
Relationship to Student		

If necessary, describe in detail the nature and severity of any physical and/or physical and/or psychological ailment, illness, propensity, weakness, limitation, handicap, disability, or condition to which your child is subject and of which the staff should be aware, what, if any action of protection is required on account thereof. Submit this notification in writing and attach it to this form. Include names of medications and dosages that must be taken.

**Check the following areas of concern for this student. If necessary add another page with details:**

1. For your child's safety and our knowledge, is your student a:  
 Good Swimmer       Fair Swimmer       Non-Swimmer

2. Does your child have allergies to:  
 Pollens       Medications       Food       Insect Bites

Please list: \_\_\_\_\_  
 \_\_\_\_\_

3. Does your child suffer from, or has ever experienced, or is being treated currently for any of the following:  
 Asthma       Epilepsy/Seizure Disorder       Heart Trouble       Diabetes       Frequently Upset Stomach       Physical Handicap

Please list: \_\_\_\_\_  
 \_\_\_\_\_

4. Date of last Tetanus Shot: \_\_\_\_\_

5. Does your child wear:       Glasses       Contact Lenses

6. Please list and explain any major illnesses the child experienced during the last year:  
 \_\_\_\_\_  
 \_\_\_\_\_

Additional Comments:  
 \_\_\_\_\_  
 \_\_\_\_\_

Should this child's activities be restricted for any reason? Please explain:  
 \_\_\_\_\_  
 \_\_\_\_\_

Medication being taken by my child:  
 \_\_\_\_\_  
 \_\_\_\_\_

Other information regarding my child's health that a doctor should know:  
 \_\_\_\_\_  
 \_\_\_\_\_

INSERT CHURCH NAME HERE  
PARENT/GUARDIAN CONSENT FORM

**RULES OF CONDUCT**

**For your information, we expect each student to conform to these rules of conduct:**

- No possession or use of alcohol, drugs, or tobacco
- No fighting weapons, fireworks, lighters, or explosives
- No offensive or immodest clothing
- No boys in girl's sleeping quarters and no girl's in boys sleeping quarters
- Participation with the group is expected
- Respect property
- Respect one another
- Obey staff and adult leaders at all times
- Obey and comply with event schedules

**STUDENTS WHO FAIL TO COMPLY WITH THESE EXPECTATIONS WILL BE SENT HOME AT THEIR PARENT'S EXPENSE.**

I, the student, have read the rules of conduct, the above evaluation of my health, and permission to participate in youth group activities. I agree to abide by the stated personal limitations and code of conduct.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

Activities may include, but are not limited to: cookouts, boating, water skiing, swimming, basketball, roller skating, roller blading, games in the park, soccer, ice skating, volleyball, softball, baseball, camping, downhill skiing, snow boarding, hiking, biking, concerts, Bible studies, golfing, miniature golf, hayrides. *Note: If you wish to limit your child's participation in any event, please submit your wishes in writing to the church Pastor overseeing the event prior to that event.*

\_\_\_\_\_ has my permission to attend all youth activities sponsored by

\_\_\_\_\_  
Name of Student

Calvary Christian Center from: \_\_\_\_\_ to 5/31/2010

\_\_\_\_\_  
Today's Date

**PARENT/GUARDIAN CONSENT**

This consent form gives permission to seek whatever medical attention is deemed necessary, and releases the church and its staff of any liability against personal losses of named child.

I/We the undersigned have legal custody of the student named above, a minor, and have given our consent for him/her to attend events being organized by the church. I/We understand that there are inherent risks involved in any ministry or athletic event, and I/We hereby release the church, its pastors, employees, agents, and volunteer workers from any and all liability for any injury, loss, or damage to person or property that may occur during the course of any reasonable medical treatment as deemed necessary by a licensed physician. In the event treatment is required from a physician and/or hospital personnel designated by the church, I/We agree to hold such person free and harmless of any claims, demands, or suits for damages arising from the giving of such consent. I/We also acknowledge that we will be ultimately responsible for the cost of any medical care should the cost of that medical care not be reimbursed by the health insurance provider. Further, I/We affirm that the health insurance information provided above is accurate at this date and will, to the best of my/our knowledge, still be in force for the student named above. I/We also agree to bring my/our child home at my/our expense should they become ill or if deemed necessary by the student ministries staff member.

\_\_\_\_\_  
Parent/guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/guardian Signature

\_\_\_\_\_  
Date

**MEDICAL RELEASE**

I, \_\_\_\_\_ am the parent or legal guardian of \_\_\_\_\_

\_\_\_\_\_  
Name of parent or guardian

\_\_\_\_\_  
Name of minor

Hereinafter, "my child", who was born on \_\_\_\_\_, \_\_\_\_\_. My child is attending and participating in activities at Calvary Christian Center, located at 2728 E. Harley St., Inverness, FL 34453 beginning on the day of \_\_\_\_\_ (today's date). I hereby authorize the Calvary Christian Center pastors, leaders, and helpers, who are 18 years of age or older to supervise the various activities of Calvary Christian Center into whose care my child has been entrusted, to consent to medical care, dental care, or both for my child.

The authority granted by this authorization includes the authority to consent to any x-ray examination, anesthetic, medical, or surgical diagnosis or treatment and hospital care under the general or special supervision and upon the advice of or to be rendered by a physician and surgeon licensed under the Medical Practice Act for my child. This authority also extends to any x-ray examination, anesthetic, dental or surgical diagnosis or treatment and hospital care by a dentist licensed under the Dental Practice Act for my child.

I further authorize the Calvary Christian Center pastors, leaders, and helpers, who are 18 years of age or older, which supervise the various activities of the Calvary Christian Center, to receive physical custody of my child, upon completion of any treatment, and I specifically instruct any treating health facility to surrender physical custody of my child to the Calvary Christian Center pastors, leaders, and helpers who are 18 years of age or older who supervise the various activities of Calvary Christian Center.

It is understood that this authorization is given in advance of any special diagnosis, treatment, or hospital care being required, but is given to provide authority and power on the part of the supervisor and his/her authorized designee, in the exercise of his/her best judgment on what is advisable for my child's care, upon advice of such physician, dentist, and surgeon.

\_\_\_\_\_  
Parent/guardian Signature

\_\_\_\_\_  
Date