

# **FIRST ASSEMBLY 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, including Bible instruction, especially events off our premises.

## **General Information (please print)**

Child's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Father's Name \_\_\_\_\_ Mother's Name \_\_\_\_\_  
Child's Address \_\_\_\_\_  
Home Phone \_\_\_\_\_ Parent's Work Phone \_\_\_\_\_  
Family Doctor \_\_\_\_\_ Phone \_\_\_\_\_

## **Consent and Certification**

I, the undersigned, being the parent or legal guardian of the child named above (the "child"), do hereby consent to the participation of the youth ministry at First Assembly of God, of Atlantic, Iowa, including events requiring transportation such as field trips, campouts, swimming, boating, hiking, sporting events, and any other activities customarily associated with a church youth ministry. Further, I certify that my child is physically fit and adequately trained to participate in such events, including swimming, (except as noted below):

## **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):  
\_\_\_\_\_  
\_\_\_\_\_
- Is your child allergic to any type of medication Yes \_\_\_ No \_\_\_ (if yes, please explain):  
\_\_\_\_\_  
\_\_\_\_\_
- Does your child require a special diet? Yes \_\_\_ No \_\_\_ (if yes, please explain):  
\_\_\_\_\_  
\_\_\_\_\_
- Does your child have, or has ever had, any of the following (circle): seizure disorders, asthma, heart murmur, diabetes, hay fever, kidney disease. If so, please explain:  
\_\_\_\_\_  
\_\_\_\_\_
- Does your child have any allergies other than medical? Yes \_\_\_ No \_\_\_ (if yes, please explain):  
\_\_\_\_\_  
\_\_\_\_\_
- Does your child have any physical handicap or illness, which would prevent him/her from participating in normal rigorous activity? Yes \_\_\_ No \_\_\_ (if yes, please explain):  
\_\_\_\_\_  
\_\_\_\_\_

- Does your child ever sleep walk? Yes \_\_\_ No \_\_\_
- Can your child swim? Yes \_\_\_ No \_\_\_

**Medical Treatment & Advertising 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 and the providing of necessary medical services in the event my child is injured or becomes ill. I understand that if injuries are caused by the negligence of a church worker, then the liability insurer will pay for such damages up to the policy limits. If the church is not negligent, then such expenses will be the parent/guardian responsibility.

I 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. I agree to notify the church in writing in the event of any health or transportation changes, which would restrict my child's participation in any normal children's or youth activities.

I also give my permission for church videos, stills and audio of my child to be used in all forms of church advertising (including but not limited to internet, TV, radio, webpage and print).for the purpose of educating Atlantic and surrounding communities about 1<sup>st</sup> Assembly of God events. Finally, I understand that this form is valid until revoked in writing by the parent or guardian who signed it.

Signature of Parent/Guardian: \_\_\_\_\_ Date:\_\_\_\_\_