

Parental Consent and Medical Authorization Form *CONFIDENTIAL*

Attachment 2 - Standards for Youth Activities – Messiah Lutheran Church, Madison, AL

Parents and legal guardians of minor children are asked to complete this form and return it to Messiah Lutheran Church. The information requested is designed to assist the church in providing for the safety of minors during church sponsored activities.

General Information:

Child's Name _____ Date of Birth _____

Father's Name _____ Father's Cell Phone # _____

Mother's Name _____ Mother's Cell Phone # _____

Guardian's Name _____ Guardian's Cell Phone # _____

Child's Address _____

Home Phone # _____ Parent's Work Phone # _____

Mother Father Guardian

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 my child in the activities which include retreats, ropes courses, trips out of Madison, pool parties, skating, and other activities that may be associated with youth groups specifically at Messiah Lutheran Church of Madison, AL.

I do NOT authorize my child to participate in any of the following activities: _____

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 s/he ever had) any of the following: (Check and explain below)

Seizure disorders Asthma Heart murmur Diabetes Hay fever Kidney Disease

Does your child have any allergies other than medicinal? Yes No (If yes, please explain)

Does your child ever sleep walk? Yes No

Can your child swim? Yes No

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) _____

Medical Treatment Authorization:

I understand that I will be notified in 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 the church will not be responsible for medical expenses incurred, but that such expenses will be my responsibility as parent/guardian.

I agree to notify the church in the event of any health changes which would restrict my child's participation in any normal youth or children's activities. I also understand that the adult supervisors reserve the right to restrict my child from any activities that they do not feel is within the physical capabilities of my child.

_____ Date _____

Signature of Parent/Guardian

Insurance Carrier _____ Policy # _____