

PARENTAL CONSENT FORM

2017-18 School Year

(PLEASE PRINT) Date: ____ / ____ / ____

NAME _____ AGE _____ BIRTHDATE ____ / ____ / ____

ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

TELEPHONE (____) _____ GRADE IN OR COMPLETED _____

PARENT(S) BUSINESS OR CELL TELEPHONE NUMBER: (____) _____ DAD

(____) _____ CELL

(____) _____ MOM

(____) _____ CELL

PARENTAL CONSENT:

The undersigned does hereby give permission for my child, _____ to attend and participate in the youth activities sponsored by Grace Church of Gladstone, Michigan.

As a parent or guardian, I authorize an adult, in whose care the minor has been entrusted, to consent to any x-ray examination, anesthetic, medical, surgical, or dental diagnosis or hospital care.

The undersigned shall be liable and agree to pay all costs and expenses incurred in connection with such medical and dental services rendered to the aforementioned child pursuant to this authorization. Should it be necessary for my child to return home due to medical or disciplinary reasons, the undersigned shall assume all transportation costs.

The undersigned does also hereby give permission for my child to ride in any vehicle designated by the Pastor of Student Ministries while attending and participating in activities sponsored by Grace Church of Gladstone, Michigan.

The undersigned give permission for any photos or videos taken of my child while participating in this activity to be used by Grace Church in church bulletin, newsletter, PowerPoint and webpage presentations.

Student's (Signature) _____

Parent's or Guardian's (Signature) _____

(Please Print) _____

PARENT AND STUDENT AGREEMENT:

We (parent and youth) understand that inappropriate behavior towards another group member, private party, church property, vehicles, the property or persons or churches we may visit during an event may result in the youth being financially liable for their actions. In the event of property damage, the student and parent agree to reimburse all damages caused by the student.

Student's (Signature) _____

Parent's or Guardian's (Signature) _____

(Please Print) _____

Please complete the reverse side, Medical Form.

MEDICAL FORM

NAME: _____

BIRTHDATE _____

THINGS WE NEED TO KNOW

Check Boxes That Apply

Allergies

- | | | |
|--|---|---|
| <input type="checkbox"/> Food _____ | <input type="checkbox"/> Heart Condition | <input type="checkbox"/> Hearing Aid |
| <input type="checkbox"/> Peanuts | <input type="checkbox"/> Convulsions/Seizures | <input type="checkbox"/> Diabetic – Insulin |
| <input type="checkbox"/> Seasonal – Season _____ | <input type="checkbox"/> High Blood Pressure | Dependent ___Y ___N |
| <input type="checkbox"/> Other _____ | <input type="checkbox"/> Frequent Stomach Upset | <input type="checkbox"/> Asthma |
| <input type="checkbox"/> Aspirin | <input type="checkbox"/> Fainting | <input type="checkbox"/> Glasses |
| <input type="checkbox"/> Penicillin | <input type="checkbox"/> Other _____ | <input type="checkbox"/> Contacts |
| <input type="checkbox"/> Other Drugs _____ | | <input type="checkbox"/> Migraine |

RECORD OF SICKNESS/IMMUNIZATION

Check Boxes That Apply

- | | |
|--------------------------------------|---|
| <input type="checkbox"/> Chicken Pox | <input type="checkbox"/> Mumps |
| <input type="checkbox"/> Measles | <input type="checkbox"/> Hepatitis |
| <input type="checkbox"/> Polio | <input type="checkbox"/> Immunization Tetanus (Booster) _____ |

MEDICATIONS/DIETARY NEEDS

Please Insure That Your Son/Daughter Has These With Them At All Activities (ie. Inhalers)

Are there any routine treatments or medications required by your child on a daily basis?

- No
- Yes If yes please list: _____

- The student can take their medication on their own.
- The student must have this administered by an adult.

Are there any special dietary needs?

- No
- Yes If yes please list _____

INSURANCE/DOCTOR INFORMATION

Hospital Insurance:

- No
- Yes If yes - Insurance Company Name: _____ Policy # _____

Doctor's Name: _____ Doctor's Phone #: (_____) _____

Dentist/Orthodontist Name: _____ Dentist/Orthodontist #: (_____) _____

PARENT OR GUARDIAN SIGNATURE: _____