

**PARENTAL CONSENT, CERTIFICATION AND MEDICAL AUTHORIZATION FOR YOUTH
MINISTRY ACTIVITIES OF FIRST CHURCH OF CHRIST**

As the parent (or legal guardian) of _____, I certify that I have been informed that, as a part of First Church of Christ's Youth Ministry in Grayson, KY, my child will be participating in a number of activities, which carry with them, a certain degree of risk.

If there are specific activities in which you DO NOT want you child participating, please list:

SPECIFIC INFORMATION: (Please Print Clearly)

GENDER: M / F

STUDENTS NAME: _____ DOB: _____ GRADE: _____

PARENT/GUARDIAN NAME: _____

ADDRESS: _____ CELL #: _____

CITY: _____ ZIP: _____ HOME#: _____

OCCUPATION: _____ WORK#: _____

PARENT/GUARDIAN NAME: _____

ADDRESS: _____ CELL #: _____

CITY: _____ ZIP: _____ HOME#: _____

OCCUPATION: _____ WORK#: _____

HEALTH RECORD:

-Date of last Tetanus shot: _____

-Does your child have: Heart Trouble _____ Asthma _____ Diabetes _____ Epilepsy _____
Allergic Reactions _____

-Is Your child allergic to any medications? ___ If so, please list: _____

-Is there any additional health information that would assist in providing care for your youth? _____

IN CASE OF EMERGENCY CALL:

Relationship _____ Contact # _____

Relationship _____ Contact # _____

HEALTHCARE INFORMATION:

Physicians Name: _____ Effective Date: _____

Health Insurance Company: _____

Subscriber/ID#: _____

Member Services Phone Number: _____

**Please attach a copy of the front and back of your insurance card.

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 Ben James, or the authorized First Church of Christ Youth Ministries Adult Leader 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.

I also give my permission for church leaders to restrict my child from participation in any activity that they have any question about for health or other reasons.

PHOTO RELEASE:

It is my understanding that the church may take pictures of my child, and I understand that the church may publish those pictures on the church website, social media pages, programs, or may use them in presentations.

SIGNATURE: _____ DATE: _____

ANY ADDITIONAL UNIQUE INFORMATION PERTAINING TO MY CHILD:
