



PARENTAL CONSENT FORM

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

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: _____
Cell Phone: _____
Family Doctor: _____ Dr. Phone: _____
Health Ins. Co: _____ Policy Number: _____

CONSENT AND CERTIFICATION

We, the undersigned, being the parents or legal guardians of the child named above (the "child"), do hereby consent to the participation of our child in the regularly scheduled activities of the youth program of the church during the year 2016, including field trips, campouts, swimming, boating, hiking, sports events, and any other activities customarily associated with a church youth group. Further, we certify that our child is physically able and adequately trained to participate in such event, including swimming.

We DO NOT authorize our 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 ever had) any of the following? (Circle and explain below)
Seizure disorders Asthma Heart Murmur Diabetes Hay Fever Kidney Disease

(Explain: _____)

- Does your child have any allergies other than medical? Yes_____ No_____ (If yes explain _____)
- Does your child ever sleep walk? Yes _____ No _____
- Can your child swim? Yes _____ No _____

(Please turn over and fill out page 2)

- Does your child have any physical condition or illness which would prevent him/her from participating in normal rigorous activity? Yes _____ No _____ (If Yes, please explain: _____)

MEDICAL TREATMENT AUTHORIZATION

We understand that we will be notified in the case of a medical emergency involving our child. However, in the event that we, or either one of us, cannot be reached, we authorize the calling of a doctor and the providing of necessary medical services in the event our child is injured or becomes ill. We authorize any one or more of the following persons to make emergency medical care decision on behalf of our child, if required by law or a health care provider:

We understand that the church, or any of their agents, employees, or volunteers, will not be responsible for medical expenses incurred on the basis of this authorization.

We agree to notify the church in the event of any health changes which would restrict our child's participation in any activities. We also understand that the adult church representatives reserve the right to restrict our child from any activity that they do not feel is within the physical capabilities of our child.

INSURANCE ELECTION

The church has insurance coverage for all church related activities. We understand and agree that we are responsible for obtaining any additional insurance coverage that we consider necessary.

Please check the appropriate box:

- € We do not desire any additional insurance coverage for our child other than what the church currently provides.
- € We do desire additional insurance coverage, and we assume full responsibility for obtaining such coverage from a private insurance carrier at our expense.

 (Signature of Parent #1)

 (Date)

 (Signature of Parent #2)

 (Date)

 (Signature of adult witness #1)

 (Date)

 (Signature of adult witness #2)

 (Date)