

FIRST ASSEMBLY OF GOD ~ PRINCETON, WV
PARENTAL CONSENT, CERTIFICATION, AND MEDICAL AUTHORIZATION

Parents and legal guardians of children/youth under the age of 18 are asked to complete this form and return it to First Assembly of God. This information is designed to assist First Assembly of God in providing the safety of minors for all church-sponsored activities during the year 2009. This form will provide us the proper information we need for the entire year of 2009. If any insurance changes should occur during the year, it is solely the responsibility of the parents or legal guardians to provide us with the changes so we can properly update these records.

Please Print

I. General Information:

Child's Name _____ Date of Birth _____

Father's Name _____ Mother's Name _____

Child's Address _____ City _____ State/Zip _____

Home Phone No. _____ Parent's Work No. _____

Family Doctor _____ Doctor's Office No. _____

Insurance Co. _____ Policy No. _____

II. Medical Questionnaire:

1. Is your child being treated for or taking any form of medication for long term health or behavioral reasons? YES _____ NO _____
(If YES, please explain and give name of medication and its side effects.)

2. Does your child have any allergies (including medication)? YES _____ NO _____ (if YES, please explain) _____

3. Does your child ever sleepwalk or have any other disorders of this kind? YES _____ NO _____ (if YES, please explain) _____

4. Can your child swim? YES _____ NO _____

5. Does your child have any physical condition or illness that would prevent him or her from participating in rigorous activities? YES _____ NO _____ (if YES, please explain... a written release form must be submitted by your child's physician authorizing your child to participate in such activities.)

6. Does your child require a special diet? YES _____ NO _____ (if YES, please explain... please insure that your child takes the responsibility to obtain the proper foods or drinks before travel and/or before we begin an event that does not provide those proper foods or drinks that he or she needs. First Assembly of God is not responsible for any negligence on the part of your child.)

III. MEDICAL TREATMENT AUTHORIZATION:

I, _____ the parent of _____ 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 during all church events for the year 2009. I authorize an adult supervisor to make emergency medical care decisions on behalf of my child, if required by law or a health care provider. I understand that First Assembly of God or any adult supervisor will not be responsible for injuries, illnesses or medical expenses incurred solely on the basis of this authorization. I agree to notify First Assembly of God in the event of any health changes that would restrict my child's participation in any church-sponsored activities that may take place. I also agree to notify First Assembly of God of any insurance changes pertaining to my child. A facsimile or photocopy of this form shall be as valid as the original.

Parent or Guardian Signature

Date