

Ocean Drive Presbyterian Church – Youth and Children’s Ministry

Parental Consent, Certification & Medical Authorization

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

Child’s Information (Please print) Child’s Name: _____

Male or Female: _____ Date of Birth (child must be 3 and potty trained to start nic@nite) _____

Grade for 2012-2013 _____

Father’s Name: _____ Mother’s Name: _____

Child’s Address: Street _____ City _____ State _____ Zip _____

Home Phone # _____ Email _____

Father’s Cell # _____ Work # _____

Mother’s Cell# _____ Work # _____

In the event that I/we can’t be reached, an emergency call may be made to the following

Person: _____ Phone # _____

Family Doctor: _____ Phone # _____

Child’s Health Insurance Carrier _____ Policy # _____

Consent and Certification

I, the undersigned, being the parent or legal guardian of the child above, do hereby consent to the participation of my child in activities of Youth/Children’s Ministry at Ocean Drive Presbyterian Church between September 1, 2012 – September 30, 2013, including field trips, swimming, sporting events and any other activities including giving permission for my child to be driven in a vehicle by someone other than his/her parent/guardian. Further, I certify that my child is physically fit and adequately trained to participate in such events, including swimming, **(except as noted on Medical Questionnaire below)**.

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)
- Is your child allergic to any type of food? Yes _____ No _____ (If yes, please explain)
- 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 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 providing of necessary medical services in the event my child is injured or becomes ill. I understand that Ocean Drive Presbyterian Church will not be responsible for medical expenses incurred, but that such expenses will be my responsibility as parent/guardian.

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

Media Release

May we have permission to photograph/videotape your child? Yes No (circle one)

May we have permission to use your child's photograph/video in church publications? Yes No (circle one)

_____ _____
(Signature of Parent/Guardian) (Date)

Notary Section

STATE OF _____

COUNTY OF _____

On this ____ day of _____, ____ (Year), before me, _____, a Notary Public in and for said state personally appeared _____, known to me to be the person who executed the within agreement and acknowledged to me that he/she executed the same for the purposes therein stated.

_____ Notary
Public

My Commission expires: _____