

STUDENT ACTIVITIES CONSENT & MEDICAL FORM

Child's Name _____ Date of Birth _____

Name of parent(s) or guardian(s) _____

Address _____

Cell Number _____ Work Number _____

Other person and/or number to call in emergency _____

Medical Information

Is your child presently being treated for an injury or sickness or taking any medication? • Yes • No

If yes, please explain (list medications). _____

Does your child have, or has your child ever had, any of the following? (Please check all that apply.)

• Asthma • Hay Fever • Kidney Disease • Diabetes • Heart Murmur • Seizure Disorders

Please explain. _____

Does your child ever sleepwalk? • Yes • No Youth's blood type _____ (if known)

Does your child have a physical handicap or illness that would prevent him or her from participating in normal rigorous activity? • Yes • No If yes, please explain. _____

Family Doctor: Name _____ Phone #: _____

Insurance Co.: _____ Policy No.: _____

Consent and Certification

I, the undersigned, being the parent or legal guardian of the child named above, do hereby consent to the participation of my child in all the scheduled youth activities of **Woodstock Christian Church**, and any other supervised activities customarily associated with its youth group, including lock-ins and overnight or weekend, week long youth trips. Further, I certify that my child is physically fit and adequately prepared to participate in all recreational and sporting events. If I wish to revoke this consent for any reason, I will promptly notify the youth leader in writing.

Note to Parent: If giving consent for one activity only, or if this consent is otherwise restricted, please specify:

Medical Treatment Authorization

I understand that I will be notified in the case of a medical emergency. 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 that my child is injured or becomes ill. I authorize one or more of the following persons to make emergency medical care decisions on behalf of my child, if required by law or a health care provider: _____, _____, and _____.

(**Note to Parent:** you may add or delete a name as desired.) I authorize these persons to act in my place to consent to all necessary and appropriate x-ray examinations, anesthetic, medical or surgical diagnosis or treatment, and hospital care.

I understand that **Woodstock Christian Church** will not be responsible for medical expenses incurred solely on the basis of this authorization. I further agree to notify the youth director in writing of any health changes that would restrict my child's participation in any normal youth activities. I also understand that the youth leader and designated adult chaperones reserve the right to restrict my youth from any activity that they do not feel is within the physical capabilities of my child.

Signature of Parent or Guardian _____

Date _____

Youth Pledge

I did read over the Woodstock Christian Church Student Ministry rules. (Initial) _____

I hereby pledge to uphold all policies of the **Woodstock Christian Church and Student Ministries**. During all youth activities and all youth trips, I pledge to follow all instructions of the youth leader and the adult chaperones, including safety instructions.

Signature of Child _____

Date _____