

**Union Evangelical Church
The United Church of Christ in Hopedale**

PARENTAL CONSENT, CERTIFICATION, AND 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.

From September 2010 through September 2011

Grade (S)

General Information (please print)

Child's Name _____ Date of Birth _____

Father's Name _____ Mother's Name _____

Child's address _____

Emergency Contact:
(Name) _____

Alternate:
(Name) _____

(Number) _____

(Number) _____

Home Phone No.: _____

Parent's Work Phone _____

Cell Phone No.: _____

Family Doctor: _____

Phone Number: _____

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 regular-scheduled activities of the Sunday School and Youth Group at the Union Evangelical Church during the 2010 – 2011 year including field trips, camp outs, swimming, boating, hiking, sports events, and any other activities customarily associated with a church Sunday School and Youth Group. Further, I certify that my child is physically fit and adequately trained to participate in such events, including swimming, (except as noted on the reverse).

Signature

Date

Signature

Date

PARENTAL CONSENT, CERTIFICATION, AND MEDICAL AUTHORIZATION

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 you child have (or has ever had) any of the following: (circle and explain)

- | | | |
|-------------------|-----------|----------------|
| Seizure disorders | Asthma | Heart murmur |
| Diabetes | Hay Fever | Kidney Disease |

Does your child have any allergies other than medical? Yes_____ No_____ (If yes, please explain).

Does your child ever sleep walk? Yes_____ No_____

Does your child have any physical handicap or illness which would prevent him/her from participating in normal rigorous activity? Yes_____ No_____

Date of last Tetanus shot:_____

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 the providing of necessary medical services in the event my child is injured or becomes ill. I understand that the Union Evangelical Church will not be responsible for medical expenses incurred, but that such expenses will be my responsibility as parent/guardian.

I agree to notify the Union Evangelical Church in the event of any health changes which would restrict my child's participation in any normal youth or children's 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.

Signature

Date

Signature

Date

Consent and Certification:

I, the undersigned, being the parent or legal guardian of the above named child do hereby consent to photographs of my child for use in the classroom, for inclusion in the church web-site or for other church publicity related activities,

Signature_____