

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.

General Information (please print)

Child's Name: _____ Date of Birth: _____

Father's Name: _____ Mother's Name: _____

Child's Address: _____

Home Phone No: _____ Parents' Work Phone: _____

Family Doctor: _____ Phone Number: _____

Consent and Certification

I, the undersigned, being the parent or legal guardian of the child named above (the "child"), do hereby consent to the participation of my child in all of the regularly-scheduled activities of the youth group at Williamsburg Community Chapel during 2011-2012, including field trips, campouts, swimming, boating, hiking, sporting events, and any other activities customarily associated with a church youth group. Further, I certify that my child is physically fit and adequately trained to participate in such events, including swimming, (except as noted 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)

• 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

• 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 _____ (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 the providing of necessary medical services in the event my child is injured or becomes ill. I understand that the Williamsburg Community Chapel will not be responsible for medical expenses incurred, but that such expenses will be my responsibility as parent/guardian.

I agree to notify the Williamsburg Community Chapel 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 of Parent/Guardian) _____ (Date)

STATE OF)
) ss.
COUNTY OF)

On this _____ day of _____, 201____, 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: _____