

# Parental Consent Form

Child's Name \_\_\_\_\_ Age \_\_\_\_\_ Birth Date \_\_\_\_\_  
Address \_\_\_\_\_ Phone \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
School \_\_\_\_\_ Grade in or just completed \_\_\_\_\_  
Parents'/Guardians' Names \_\_\_\_\_  
Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone(s) \_\_\_\_\_

## To Whom It May Concern:

The undersigned does hereby give permission for our (my) child, \_\_\_\_\_, (Name of Child)  
to attend and participate in all activities & all trips sponsored by Fairview Heights Church of  
God in Fairview Heights, IL for the period of \_\_\_\_/\_\_\_\_/\_\_\_\_ - \_\_\_\_/\_\_\_\_/\_\_\_\_.  
(Start Date) (End Date)

We (I) authorize an adult, in whose care the minor has been entrusted, to consent to any X-ray examination, anesthetic, medical, surgical, or dental diagnosis or treatment, and hospital care, to be rendered to the minor under the general or special supervision and on the advice of any physician, whether such diagnosis or treatment is rendered at the office of said physician or at said hospital.

The undersigned shall be liable and agree(s) to pay all costs and expenses incurred in connection with such medical and dental services rendered to the aforementioned youth pursuant to this authorization. We (I) do hereby release, forever discharge and agree to hold harmless the \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, and the  
(Church Name) (City) (State)  
directors thereof from any and all liability, claims or demands for personal injury, sickness, or death, as well as property damage and expenses, of any nature whatsoever which may be incurred by the undersigned and the child-participant that occur while said child-participant is participating in the above described trip or activity.

Furthermore, we (I) (and on behalf of our (my) child-participant), hereby assume all risk of personal injury, sickness, death, damage, and expense as a result of participation in recreation and work activities involved therein.

Further, authorization and permission is hereby given to said church to furnish any necessary transportation, food, and lodging for this participant.

The undersigned further hereby agree(s) to hold harmless and indemnify said church, its directors, employees, and agents, for any liability sustained by said church as the result of the negligent, willful, or intentional acts of said participant, including expenses incurred attendant thereto.

## Signatures:

Mother \_\_\_\_\_ Date \_\_\_\_\_  
Father \_\_\_\_\_ Date \_\_\_\_\_  
Legal Guardian (if applicable) \_\_\_\_\_ Date \_\_\_\_\_

Hospital Insurance:  Yes  No

Insurance Company & Policy Number: \_\_\_\_\_

Emergency Phone Numbers: \_\_\_\_\_

Physician \_\_\_\_\_ Physician's Phone # \_\_\_\_\_

Is your child having any of the problems listed below? (Circle all numbers that apply)

- |                                   |  |
|-----------------------------------|--|
| 1. Hay fever, asthma, or wheezing | 6. Frequent colds, sore throat, or earache |
| 2. Eczema or frequent skin rashes | 7. Trouble passing, urine, bowel movement  |
| 3. Convulsions/seizures           | 8. Shortness of breath                     |
| 4. Heart trouble                  | 9. Menstrual problems                      |
| 5. Diabetes                       | 10. Other (explain in "Remarks" below)     |

**\*\*\* Please explain any problem areas identified above in the "Remarks" section.**

History of emotional/behavioral disturbance?  Yes  No  
(If yes, explain in "Remarks" section.)

Is medication needed or used by the child?  Yes  No

Special conditions to watch for, such as allergy (food/drugs),  
bed-wetting, sleep walking, fainting, etc. (If yes, explain in "Remarks")  Yes  No

Does your child have any special dietary needs?  Yes  No

My child/charge has had all immunizations required by the health department:  
If no, explain in "Remarks.")  Yes  No

Also, please give date of the last tetanus booster: \_\_\_\_\_

Should the child's activity be restricted because of any physical defect or illness?  Yes  No  
(If yes, please explain the degree of restriction in "Remarks.")

**Please Note:** All medications are to be submitted to the head counselor before departure on a trip.  
Please see that these medications are in their original containers and that the child's name is on it.  
The child is responsible for taking his/her medication(s).

Is your child/charge allowed to swim?  Yes  No

What is his/her swimming ability?  Poor  Fair  Good

