



## **"Ruined" Youth Conference 2012**

### **PARENTAL CONSENT, CERTIFICATION AND MEDICAL AUTHORIZATION**

#### **Parental Consent**

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 type or print clearly)**

Child's Name: \_\_\_\_\_

Child's Address: \_\_\_\_\_  
\_\_\_\_\_

Home Phone No: \_\_\_\_\_ - - - - - Birth date: \_\_\_\_\_ Grade: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Wk Phone No: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Wk Phone No: \_\_\_\_\_

Family Doctor: \_\_\_\_\_ Dr.'s Phone No: \_\_\_\_\_

Insurance Company Covering Student: \_\_\_\_\_

Policy Number: \_\_\_\_\_

If parents cannot be reached, alternate individuals to contact:

Name: \_\_\_\_\_ Phone No: \_\_\_\_\_

Name: \_\_\_\_\_ Phone No: \_\_\_\_\_

#### **Consent and Certification (Signature required see last page)**

I, the undersigned, being the parent and/or legal guardian of the child named above, do hereby consent to the participation of my child in New Beginnings Assembly of God's "Ruined" Youth Conference 2012 beginning March 14, 2012 through March 16, 2012 including but not limited to field trips, campouts, swimming, boating, hiking, sporting events, and any other activities customarily associated with a youth group. Furthermore, I certify that my child is physically fit and adequately trained to participate in such events, including swimming, except as noted below. I acknowledge that there are certain risks associated with any activity, risks such as (but not limited to) physical injury due to transportation-related accidents, games, group activities, illnesses, or even unforeseen possibilities of accidental death. I agree to hold New Beginnings Assembly of God, any members or persons associated with New Beginnings Assembly of God and "Ruined" Youth Conference Staff, free and harmless of any claims, demands, or suits for damages arising from the giving of consent for medical treatment to this participant or from any other consequences resulting from unforeseen incidents and/or accidents. The undersigned does also hereby give permission for the child to ride in any vehicle driven by an adult leader designated by New Beginnings Assembly of God in conjunction with any of its planned activities.

*(please continue on the other side)*

**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) \_\_\_\_\_

Can your child swim? Yes \_\_\_\_\_ No \_\_\_\_\_

Does your child have any allergies (including medications)? Yes \_\_\_\_\_ No \_\_\_\_\_

(if yes, please explain) \_\_\_\_\_

Does your child have any physical condition or illness that would prevent him or her from participating in the regularly scheduled activities described above or in any other rigorous activity? Yes \_\_\_\_\_ No \_\_\_\_\_

(If yes, explain below. A written release must be submitted by your child's physician authorizing your child to participate in such activities)

**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 authorize any 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
- I understand that the local church bringing the child, along with New Beginnings Assembly of God and its officers, directors, employees, representatives will not be responsible for medical expenses incurred solely on the basis of this authorization.
- I agree to notify the church in the event of any health changes which would restrict my child's participation in any normal youth activity. 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.

**A facsimile or photocopy of this form shall be as valid as the original.**

\_\_\_\_\_  
Print Name of Parent or Legal Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent or Legal Guardian