

PARENTAL CONSENT STATEMENT

I hereby consent to let my child, _____, participate

in the following church activity:

It is understood that every precaution will be taken for the safety and well-being of my child, but in the event of accident or sickness, Northview Alliance Church, its staff, and its volunteers are hereby released from any liability.

Signature _____ Date _____

Printed Name _____

Phone (_____) _____

Address _____

MEDICAL RELEASE FORM

Student's Name _____ D.O.B.: _____

Address _____ Phone (____) _____

Parents'/Guardians' Names _____

Address (if different from child's) _____

Insurance Company _____ Policy # _____

1. Is your child allergic to:

____ bee sting ____ pollens ____ other drugs _____ ____ hay, straw
____ penicillin ____ other _____

2. Does your child have any life-threatening allergies? ____ Yes ____ No (If yes, to what?)

3. Is your child bringing any medication with him/her? ____ Yes ____ No
If yes please list and state dosage:

PLEASE NOTE: Medication should be in its original prescription bottle/package, which should have administration instructions and the child's name clearly indicated.

4. Does your child have any physical, emotional, mental, or behavioral concerns or limitations that our staff should be aware of? ____ Yes ____ No (If yes, please explain)

5. Has your child ever had: ____ seizures ____ asthma ____ diabetes
____ homesickness ____ heart disease ____ other _____

6. Date of last tetanus shot: _____

In the case of medical emergency, I understand that hospital policy requires parental permission before treatment. I hereby give my permission to a representative of Northview Alliance Church.

Church to administer medication as identified above (see #3) and to secure proper medical treatment.

Parents will be notified immediately of any medical emergency.

Signature of Parent/Guardian _____ Date _____

Emergency Phone (_____) _____

Person to contact if parent cannot be reached _____

Relationship _____

Phone (_____) _____