

Greenwich Presbyterian Church 2009 – 2010
Parental Consent and Medical Authorization Form

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. Please complete a separate form for each child and notify the church office in writing of any changes throughout the year.

General Information (Please Print)

Name: _____ Date of Birth: _____

Age: _____ Grade: _____ Male Female Youth Email: _____

Child's Address: _____ City, State, Zip: _____

Home Phone: _____ Home Email: _____

Father's Name: _____ Phone H: _____ W: _____ C: _____

Mother's Name: _____ Phone H: _____ W: _____ C: _____

Child's Physician: _____ Phone #: _____

Child's Dentist: _____ Phone #: _____

Medical Insurance Co.: _____ Policy #: _____

Emergency Contact (in case parents cannot be reached): _____

Phone H: _____ W: _____ C: _____

Medical History

- 1) Please list any conditions for which your child is being treated or any major illnesses your child has experienced during the last year:
- 2) Please list any medications that your child may be taking:
- 3) What medicines is your child allergic to?
- 4) Does your child have any dietary concerns or restrictions?
- 5) Does your child have (or has ever had) any of the following: (check and explain below)
 seizure disorders asthma hay fever frequently upset stomach
 kidney disease diabetes heart murmur
- 6) Does your child have any allergies other than medical?
- 7) Does your child ever sleep walk?

8) Does your child wear glasses contact lenses

9) Does your child have any physical handicap or illness that would prevent him/her from participating in normal rigorous activity?

10) Additional Comments:

(Please attach an additional page if necessary to describe in detail the nature and severity of any physical and/or psychological ailment, propensity, limitation or condition to which your child is subject and which the staff should be aware, and what, if any action may be required.

Rules of Conduct

All youth and sponsors are expected to abide by rules for working and playing in community. We are to strive to act in ways that demonstrate Christian love and ideals. These include:

- No possession or use of alcohol, drugs or tobacco
- Students are not allowed to drive on youth outings
- No fighting, weapons, fireworks, lighters or explosives
- No offensive or immodest clothing or language
- No males in females sleeping areas and no females in male sleeping areas
- Participate in all activities and comply with event schedules
- Respect property
- Respect each other, adult leaders, and staff
- No pranks allowed

Students who fail to comply with these expectations may be sent home at their parents' inconvenience and expense.

Consent and Certification

I, the student, have read the rules of conduct and the above evaluation of my health. I agree to abide by the stated personal limitations and rules of conduct, conducting myself in ways that strengthen the group as I strive to grow in faith.

Student signature: _____ Date: _____

I/we, the undersigned, being the parent or legal guardian of the minor, _____, do hereby consent to the participation of my child in the *Youth Ministry Programs* of Greenwich Presbyterian Church during the time period of 9/1/2009 – 9/30/2010 including field trips, campouts, swimming, boating, hiking, sporting events, mission activities, ropes courses, Bible studies and any other activities customarily associated with a church youth group. *If there is any activity for which I would like to limit my child's participation, I/we will make that known to the youth staff of Greenwich in writing prior to the event.* Further, I/we certify that my child is physically fit and able to participate in such events (except as noted above). I/we understand that all medications along with dosage instructions should be given to the staff prior to any outing where medication may be required (asthma rescue inhalers excepted).

I/we understand that I will be notified in the case of a medical emergency involving my child. However, in the event that I/we cannot be reached, I/we authorize the calling of a doctor and the providing of necessary medical services in the event my/our child is injured or becomes ill. I/we understand that Greenwich Presbyterian Church will not be responsible for medical expenses incurred, but that such expenses will be my responsibility as parent/guardian. This consent form gives permission to seek whatever medical attention is deemed necessary, and releases Greenwich Presbyterian Church, its staff and volunteers of any liability against personal losses of named child.

I agree to notify the Church in the event of any health changes that would restrict my child's participation in any normal youth activities. I also understand that 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.

Parent/Guardian signature: _____ Date: _____

Parent/Guardian signature: _____ Date: _____