



Child Safety Form Parental Consent & Medical Authorization

Parents and legal guardians of minor children are asked to complete this form and return to the church. The information requested is designed to assist church in providing for the safety of minors during church-sponsored activities.

General Information (please print)

Child's Name _____ Date of Birth _____

Parents Names _____

Address _____

Home Phone Number _____ Parent's Work Phone Number _____

Consent

I, the undersigned, being the parent or legal guardian of the child named above, do hereby consent to the participation of my child in _____

Medical Release

Person to contact in case of emergency and phone number

I (we) understand that, in the event medical treatment is required, every effort will be made to contact me. However, if I cannot be reached, I give my permission to the staff or sponsor to secure the services of a licensed physician to provide the care necessary, including anesthesia, for my child's well being.

Signed: _____ Date _____
(Parent or Guardian)

Please list any medical allergies, medications being taken, medical problems or other pertinent information:

