

# Parental Consent, Certification, and Medical Authorization Form



## General Information

Minor \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Minor's address \_\_\_\_\_

Parent/Guardian 1 \_\_\_\_\_ Phone Number \_\_\_\_\_

Parent/Guardian 2 \_\_\_\_\_ Phone Number \_\_\_\_\_

Family Doctor \_\_\_\_\_ Doctor's Phone \_\_\_\_\_

Insurance Company Covering Minor \_\_\_\_\_ Policy # \_\_\_\_\_

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## Regularly Scheduled Activities Questionnaire

Does your child have any physical condition or illness that would prevent him or her from participating in the regularly scheduled activities which include but are not limited to field trips to local restaurants and amusement parks, swimming, boating, hiking, and attending and participating in sporting events? (i.e.: Cannot swim, vertigo, etc.)

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, explain below. (A written release must be submitted by the minor's physician authorizing them to participate).

\_\_\_\_\_  
\_\_\_\_\_

## Special Activities Questionnaire (Overnight Events)

Is the minor presently being treated for an injury or sickness or taking any form of medication for any reason?

Yes \_\_\_\_\_ No \_\_\_\_\_

(Please explain) \_\_\_\_\_

Does the minor have any allergies (including medications)?

Yes \_\_\_\_\_ No \_\_\_\_\_

(Please explain) \_\_\_\_\_

Does your child require a special diet? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, what kind

\_\_\_\_\_

By signing the GENERAL RELEASE AND HOLD HARMLESS AGREEMENT on the reverse of this page, I certify that the minor named above is physically fit and adequately trained to participate in any and all Activities operated or sponsored by **Calvary Assembly of God**.

## GENERAL RELEASE AND HOLD HARMLESS AGREEMENT

I, the undersigned, am the parent or legal guardian of the minor named above, who desires to participate in various programs, events or activities (hereinafter collectively referred to as the "Activities") operated or sponsored by **Calvary Assembly of God** (Second student ministries).

I understand and acknowledge that **Calvary Assembly of God** will not allow the minor to participate in the Activities without releasing and holding the Church harmless from any liability arising out of participation in the Activities. I have or will investigate the risks involved in the minor's participation in the Activities and fully understand and assume such risks on his or her behalf.

I REQUEST THAT THE CHURCH ALLOW THE MINOR TO PARTICIPATE IN THE ACTIVITIES, AND IN CONSIDERATION THEROF AGREE HEREBY TO RELEASE AND FOREVER DISCHARGE **CALVARY ASSEMBLY OF GOD**, ITS OFFICERS, TRUSTEES AND DIRECTORS, AND ITS EMPLOYEES, AGENTS, AND ANY PARTIES VOLUNTEERING ON BEHALF OF **CALVARY ASSEMBLY OF GOD** FROM ALL ACTIONS, CAUSES OF ACTION, INJURIES, CLAIMS, DAMAGES, COSTS OR EXPENSES OF ANY KIND GROWING OUT OF OR RELATED TO ANY SUCH ACTIVITIES IN WHICH THE MINOR PARTICIPATES. I UNDERSTAND THAT THIS IS A FULL AND COMPLETE RELEASE OF ALL INJURIES AND DAMAGES WHICH I OR THE MINOR MAY SUSTAIN AS A RESULT OF HIS OR HER PARTICIPATION IN ANY OF THE ACTIVITIES, INCLUDING THE TRANSPORTATION TO AND FROM THE ACTIVITIES REGARDLESS OF THE SPECIFIC CAUSE THEREOF.

I further acknowledge and agree that I have given my consent for the minor to participate in the Activities and to remain in the custody of the Calvary Assembly of God's representatives while participating in the Activities.

This agreement is binding on the minor's heirs, successors, and personal representatives for the period running **May 1, 2017 – April 30, 2018**.

**X** \_\_\_\_\_ / \_\_\_\_ / \_\_\_\_\_

Parent/Legal Guardian (Individually and on behalf of the minor)

Date

## MEDICAL TREATMENT AUTHORIZATION AND POWER OF ATTORNEY

In the event the minor suffers an injury or condition during his or her participation in the Activities, including transportation to and from the Activity, which may endanger his or her life, cause disfigurement, physical impairment, or undue discomfort if medical treatment is delayed, and reasonable attempts to contact me have been unsuccessful, I hereby appoint **Steven Nichols (or his agent)** as my agent to act for me in my name (in any way I could act in person) to make any and all decisions for the minor concerning his or her personal care, medical treatment, hospitalization and health care. I understand that the church will not be responsible for medical expenses incurred solely on the basis of this authorization. This power of attorney and delegation of authority shall terminate when the agent is first able to contact me.

**X** \_\_\_\_\_ / \_\_\_\_ / \_\_\_\_\_

Parent/Legal Guardian (Individually and on behalf of the minor)

Date