



GENERATIONS CHURCH

LOVING GOD, LOVING PEOPLE, SERVING THE WORLD

PARENTAL CONSENT, CERTIFICATION, AND MEDICAL AUTHORIZATION

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 print)

Student/Child's Name _____ Date of Birth _____

Student/Child's Address _____

Parent/Guardian Name _____ Contact Phone # _____

Parent/Guardian Name _____ Contact Phone # _____

Student/Child's Doctor _____ Doctor's Phone # _____

Insurance Co. Covering Student/Child _____ Policy # _____

Physical Consent and Certification

I, the undersigned, being the parent and/or legal guardian of the minor student/child named in General Information above, do hereby consent to the participation of my student/child in all activities of Generations Church, including field trips, campouts, swimming, boating, hiking, sports events, and any other activity customarily associated with a youth or children's program. This includes transportation to and from all events. Further, I certify that my student/child is physically fit and adequately trained to participate in such events, including swimming, except as noted below:

Medical Questionnaire

- Is your student/child presently being treated for an injury or sickness or taking any form of medication for any reason? Yes _____ No _____ If yes, please explain: _____

- Does your student/child have any allergies (including medications)? Yes _____ No _____
If yes, please explain: _____
- Does your student/child ever sleep walk? Yes _____ No _____
- Can your student/child swim? Yes _____ No _____

- Does your student/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, please explain: _____

(A written release must be submitted by your student/child's physician authorizing them to participate in such activities.)

- Does your student/child require a special diet? Yes _____ No _____ If yes, please explain: _____

Medical Treatment Authorization

I understand that I will be notified in the case of a medical emergency involving my student/child. However, in the event that I cannot be reached, I authorize a doctor to be called and/or the provision of necessary medical services in the event my student/child is injured or becomes ill. If required by law or a health care provider, I authorize an adult Generations Church ministry leader to make emergency medical care decisions on behalf of my student/child. I understand that the church will not be responsible for medical decisions made or for medical expenses incurred solely on the basis of this authorization.

I agree to notify the church in the event of any health changes that would restrict my student/child's participation in any normal activity. I also understand that the adult supervisors reserve the right to restrict my student/child from any activity that they do not feel is within the physical capacities of my student/child.

Communication Consent

I, the undersigned, being the parent and/or legal guardian of the minor student/child named in the General Information section, do hereby consent to allow communication and participation of my student/child in technology/social media with an adult Generations Church ministry leader as indicated below. I also understand that if I consent to allow communication with my student/child, I may request to be copied in or receive printed copies of all communication with my student/child.

- Ministry leaders of Generations Church may communicate with my student/child via _____ telephone _____ texting _____ email _____ social media _____ none of these.
- Photos or videos including my student/child _____ may _____ may not be posted on a Generations Church sponsored website or social media and _____ may _____ may not include their name.

Parent Signature

Date

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