

# HOPE COVENANT CHURCH, EL DORADO, KS

## Parental Consent and Medical Authorization

Name of child/youth: \_\_\_\_\_ Grade: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

As the parent (or legal guardian) of: \_\_\_\_\_,

I understand that my child will be participating in a number of activities for the calendar year 2017, which carry with them a certain degree of risk. Some of the activities are swimming, boating, hiking, camping, field trips, sports and other activities, which the church may offer. I consent for my child to participate in these activities.

I also represent that my child is physically fit and has the necessary skills to safely participate in these activities. Particularly, I state that my child can  cannot  swim.

I also understand and give consent for my child to travel to and from these events in transportation provided by volunteer drivers.

### Medical Treatment Authorization

It is my understanding that the church will attempt to notify me in case of a medical emergency involving my child. If the church cannot reach me, then I authorize the church to hire a doctor or other health-care professional, and I give my permission to the doctor or other health-care professional to provide the medical services he or she may deem necessary. I will pay for any medical expenses so incurred.

I will notify the church if I feel there are any health considerations that would prevent my child's participation in any of the activities listed above.

I also give my permission for the church's children's and/or youth leaders to restrict my child from participation in any activity for the sake of their health or safety.

### Allergies and Other Health Considerations:

Insurance Company: \_\_\_\_\_

Policy/Group #: \_\_\_\_\_

Phone Day: \_\_\_\_\_

Phone Evening: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_