



## Parental Consent, Certification, and Medical Authorization For Calendar Year 2017

Child's Name \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

### Consent and Certification

*I, the undersigned, being the parent or legal guardian of the child named above (the "child"), do hereby consent to the participation of my child in activities sponsored by Cornerstone Christian Church throughout the year 2016.*

### General Information (please print)

Father's Name \_\_\_\_\_ Mother's Name \_\_\_\_\_

Child's Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Parent's Work Phone \_\_\_\_\_

Father's Cell \_\_\_\_\_ Mother's Cell \_\_\_\_\_

Father's Email \_\_\_\_\_ Mother's Email \_\_\_\_\_

Family Doctor \_\_\_\_\_ Phone \_\_\_\_\_

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

Policy # \_\_\_\_\_ Group # \_\_\_\_\_

Other Emergency Contact Name \_\_\_\_\_  
Phone \_\_\_\_\_

### Medical Questionnaire

Is your child presently being treated for an injury or sickness or taking any form of medication for any reason? Yes No (if yes, please explain). \_\_\_\_\_

Is your child allergic to any type of medication? Yes No (if yes, please explain). \_\_\_\_\_

Does your child require a special diet? Yes No (if yes, please explain). \_\_\_\_\_

Does your child have (or has ever had) any of the following: (circle, and explain below)

- |   |                                    |   |
|---|------------------------------------|---|
| <input type="checkbox"/> Seizure disorders                                | <input type="checkbox"/> Asthma    | <input type="checkbox"/> Heart murmur   |
| <input type="checkbox"/> Diabetes   | <input type="checkbox"/> Hay fever | <input type="checkbox"/> Kidney disease |
| <input type="checkbox"/> Major Illness or Injury: explain _____           |                                    |   |
| <input type="checkbox"/> Major Illness of immediate family: explain _____ |                                    |   |

Does your child have any other allergies? Yes - No (if yes, please explain)

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Does your child ever sleep walk? Yes No

Can your child swim? Yes No

Does your child have any physical handicap or illness which would prevent him/her from participating in normal rigorous activity: 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 child. However, in the event that I cannot be reached, I authorize the calling of a doctor and the providing of necessary services in the event my child is injured or becomes ill. I understand that the church will not be responsible for medical expenses incurred, but that such expenses will be my responsibility as parent/guardian.*

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

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Signature of Parent/Guardian

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Date

**Please attach a copy of both sides of your insurance card:**