

northbrook church student ministries

PARENTAL CONSENT FORM

2017/2018 parental consent form

This consent form is designed to save time for parents, students and staff. This form is sufficient for EVERY event your child will attend this school year. We will keep this copy on file and use it when needed. Please take a few minutes to fill in both sides of this important form. Return it to Danielle Koepke, Student Ministries Assistant, at SEVEN, at the church office, or by mail. Thank you for your understanding and cooperation.

Pastor Jon Mahlstedt and Student Ministry Team

note: one form is needed for each student.

emergency medical authorization

This medical emergency form must be signed by parent or guardian, and must accompany the student who wishes to participate in any activity sponsored by Northbrook Church in Richfield, WI. The purpose of this form is to make it possible for parents or guardians to authorize the provision of medical treatment for minors who become ill or injured while under church authority at any church-sponsored activity.

I, _____ am the _____ of _____,
(parent's name) (relationship) (student's name)

a minor, who is attending any event in 2017/2018 sponsored by Northbrook Church, located in Richfield, WI. I give my consent in

the event that all reasonable attempts to contact me at _____ or _____ at
(phone) (other parent/guardian)

_____ have been unsuccessful, for the administration of any treatment deemed necessary by the appropriate licensed
(phone)

physician, dentist, or emergency personnel.

The following information is needed by any hospital or practitioner not having access to the child's medical history:
(use reverse side if necessary)

Family Doctor/Pediatrician: _____

Student's Date of Birth: _____

Allergies: _____

Medication being taken currently: (Parent's responsibility to inform the church office of any changes) _____

Date of last tetanus shot: _____

Physical impairments (heart, epilepsy, etc.): _____

Other pertinent facts to which physician should be alerted: _____

Hospital Insurance: Yes _____ No _____

Insurance Company: _____ Policy Number: _____

(date)

(signature of parent/guardian)

::Office Use only In This Box::

Name:

(please see other side)

additional information

Student's Primary Mailing Address: _____

Home Phone: _____

Parent's Cell Phone: _____ Receive SEVEN Info. Texts? ____no or ____yes-cell provider: _____

Student's Cell Phone: _____ Receive SEVEN Texts? ____no or ____yes-cell provider: _____

Current Grade of Student: _____

School: _____

Student's Email Address: _____

Student's Facebook User Name: _____

Parent's Email Address: _____

May your child be given Tylenol, Advil, Aspirin, Benadryl, Pepto Bismol, etc? ____ yes ____ no (please check one)

Additional notes by you, the parent: _____

parental agreement

I understand that while my child participates in any church sponsored activity, he or she is responsible to abide by the rules set forth by the Northbrook Church and its leaders. Any serious infraction of these rules and/or lack of cooperation with leadership by the child can result in dismissal from the program or event. If my child, whose name is signed below, is dismissed from the program or event, I agree to assume the cost of returning him or her home, and the cost of any damages which may have been caused by my child.

I also authorize Northbrook Church to use our child's likeness in photographs or videos in any and all of its publications and in any and all other media. I will make no monetary or any other claims against Northbrook Church for the use of such photos or videos.

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

(date)

(parent signature)

(student signature)