

Parental Consent and Medical Authorization

Creekside Covenant Church Youth Ministry

Please completely fill out this consent/authorization form. This consent must be signed in order for your student to participate in any student activities. This medical consent will stay on file for 1 year. Please contact Creekside if there are any changes or updates required.

Personal Information

Name of Student: _____ Date of Birth: _____
School: _____ Grade: _____
Address: _____ City: _____ State: _____ Zip: _____
Home Phone# _____ Student Cell#: _____

Health Information

List any known allergies, restrictions, conditions, physical or dietary needs of your child:

Emergency Contact Information

Parent/Guardian:
Home#: _____ Work#: _____ Cell#: _____
Back-up Contact:
Home#: _____ Work#: _____ Cell#: _____

Parental Consent

As the Parent/Legal Guardian of the above student I understand that my child will be participating in a number of activities which carry with them a certain degree of risk. Some of these activities are swimming, boating, hiking, camping, field trips, sports and other activities in which Creekside Covenant Church may offer. I consent for my child to participate in these activities and will not hold Creekside Covenant Church or it's leaders liable if an accident or injury occurs.

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

It is my understanding that Creekside will attempt to notify me in case of a medical emergency involving my child. If I cannot be reached, then I authorize Creekside to seek professional medical care and I give my permission for the doctor or medical professional to provide the medical services he/she may deem necessary. I will be responsible for the medical expenses so incurred.

Signature _____ Date _____

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