

YOUTH ACTIVITIES CONSENT FORM

Name of child _____ Birth date _____

Name of parent(s) or guardian(s) _____

Address _____

Home telephone _____ Work telephone _____

Other person and/or number to call in emergency _____

Medical Information

Is your child presently being treated for an injury or sickness or taking any medication? Yes No

If yes, please explain. _____

Does your child have, or has your child ever had, any of the following? (Please check all that apply.)

- | | | |
|-----------------------------------|--|--|
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Hay Fever | <input type="checkbox"/> Kidney Disease |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Heart Condition | <input type="checkbox"/> Seizure Disorders |

Please explain on the back of this form.

Allergies: _____

Does your child ever sleepwalk? Yes No

Child's blood type _____ (if known)

Does your child have a physical handicap or illness that would prevent him or her from participating in normal rigorous activity? Yes No If yes, please explain. _____

Family Doctor: _____ Doctor's Telephone: _____

Insurance Co.: _____ Policy No.: _____

Consent and Certification

I, the undersigned, being the parent or legal guardian of the youth named above, do hereby consent to the participation of my child in all the scheduled youth activities of IGNITE Student Ministry/Tidal Creek Fellowship Church, and any other supervised activities customarily associated with its youth group, including youth events and overnight or weekend youth trips. Further, I certify that my child is physically fit and adequately prepared to participate in all recreational and sporting events. If I wish to revoke this consent for any reason, I will promptly notify the student pastor in writing.

Medical Treatment Authorization

I understand that I will be notified in the case of a medical emergency. However, in the event that I cannot be reached, I authorize the calling of a doctor and the providing of necessary medical services in the event that my child is injured or becomes ill. I authorize one or more of the following persons to make emergency medical care decisions on behalf of my child, if required by law or a health care provider: adults designated by the Student Pastor as volunteers and Kyle Riddle (Student Pastor). I authorize these persons to act in my place to consent to all necessary and appropriate x-ray examinations, anesthetic, medical or surgical diagnosis or treatment, and hospital care.

I understand that Tidal Creek Fellowship/IGNITE Student Ministry will not be responsible for medical expenses incurred solely on the basis of this authorization. I further agree to notify the Student Pastor in writing of any health changes that would restrict my youth's participation in any normal youth activities. I also understand that the Student Pastor and designated adult chaperones reserve the right to restrict my child from any activity that they do not feel is within the physical capabilities of my child.

Signature of Parent or Guardian

Date

Student Pledge

I hereby pledge to uphold all policies of IGNITE Student Ministry of Tidal Creek Fellowship. During all youth activities and all youth trips, I pledge to follow all instructions of the Student Pastor and the adult chaperones, including safety instructions.

Signature of Student

Date