

**Southwest Community Church, Joliet, IL**  
**Parental Consent, Certification, and Medical Authorization**

Parents and legal guardians of minor children are asked to complete this form and return it to Southwest Community Church. The information requested is designed to assist Southwest Community Church in providing safety for minors during church-sponsored activities.

**General Information**

|                        |                  |           |
|------------------------|------------------|-----------|
| Child's Name _____     | Home Phone       | ( ) _____ |
| Father's Name _____    | Work Phone       | ( ) _____ |
| Mother's Name _____    | Cell Phone       | ( ) _____ |
| Child's Address _____  | Pager Number     | ( ) _____ |
| _____                  |                  |           |
| Doctor's Name _____    | Doctor's. Phone  | ( ) _____ |
| Nearest Relative _____ | Relative's Phone | ( ) _____ |

**Consent and Certification**

I, the undersigned, being a parent or legal guardian of the child named above (the "child"), do hereby consent to the participation of my child in all of the scheduled activities of the **Bin or other youth group organizations or any other church sponsored activity established for minors** at Southwest Community Church, Joliet, IL, **during 2009-10**, including swimming, boating, hiking, sporting events, ministry trips, conventions, campouts, paintball, biking, and any other activities customarily associated with a church youth group. Further, I certify that my child is physically fit and adequately trained to participate in such events, including swimming, (except where noted below).

**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 any allergies other than medical?  Yes  No (If yes, please explain)

\_\_\_\_\_

Does your child have (or has ever had) any of the following? (Check and explain below)

Seizure Disorders

Asthma

Heart Murmur

Diabetes

Hay Fever

Kidney Disease

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 medical services in the event my child is injured or becomes ill. ***I understand that Southwest Community Church will not be responsible for medical expenses incurred solely on the basis of this authorization. Expenses incurred as a result of emergency ambulance use or treatment will not be borne by Southwest Community Church or Southwest Community Church staff.***

I agree to notify Southwest Community Church in the event of any health changes which 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.

In case of accident:

Insurance Company \_\_\_\_\_ Policy Number \_\_\_\_\_

### INSURANCE POLICY NUMBER MUST BE PROVIDED

Signature of Parent or Legal Guardian \_\_\_\_\_ Date \_\_\_\_\_

STATE OF \_\_\_\_\_ )

)

COUNTY OF \_\_\_\_\_ )

On this \_\_\_\_\_ day of \_\_\_\_\_, 200\_\_, before me, \_\_\_\_\_, a Notary Public in and for the said state, personally appeared, \_\_\_\_\_, known to me to be the person who executed the within agreement and acknowledged to me that he/she executed the same for the purposes therein stated.

\_\_\_\_\_  
Notary Public

My commission expires: \_\_\_\_\_