

**PARENTAL CONSENT, CERTIFICATION, AND MEDICAL
AUTHORIZATION 2011-2012**

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

General Information (please print)

Child's name _____ Date of birth _____

Address _____

Home phone # _____ Email address _____

Mother's name _____ Father's name _____

Mother's cell phone # _____ Father's cell phone # _____

Family Doctor _____ Doctor phone # _____

Insurance covering child _____ Policy # _____

Consent and Certification

I, the undersigned, being the parent or legal guardian of the child named above, do hereby consent to the participation of my child in all of the regularly scheduled activities of the Malaga Assembly of God Youth Group during 2011-2012, including youth retreats, rallies and any other activities customarily associated with the Malaga Assembly of God Youth Group. Further, I certify that my child is physically fit and adequately trained to participate in such events, including swimming, except as noted below:

Medical Questionnaire

- Is your child presently being treated for an injury or sickness or taking any form of medication for any reason? ___ No ___ Yes (if yes please explain) _____

- Does your child have any allergies (including medications)? ___ No ___ Yes (if yes please explain)

- Does your child ever sleepwalk? ___ No ___ Yes

- Can your child swim? ___ No ___ Yes

- Does your child have any physical conditions that would prevent him/her from participating in the

regularly scheduled activities described above or any other rigorous activities? No Yes (if yes, please explain) A written release must be submitted by your child's physician authorizing your child to participate in such activities. _____

- Does your child require a special diet? No Yes (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 authorize any 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: (Please provide name and phone number for person authorized to make decisions besides parents).

I agree to release Malaga Assembly of God and their leaders from any claims for payment of accident, injury, disability or damages to the person or property for the aforementioned child arising out of or connected with his/her participation in any activity related to his/her participation in any activities with the Malaga Assembly of God Youth Group. I agree to notify the church in the event of any health changes which would restrict my child's participation in any normal youth group activity. I also understand that the adult supervisor reserves the right to restrict my child from any activity that they do not fee is within the physical capabilities of my child. I hereby release Malaga Assembly of God, their staff and leaders from any and all liability associated with my child.

Do you give permission for photographs or video footage of your child to be used by Malaga Assembly of God? No Yes

Date

Signature of Parent or Guardian

I, _____ (name of youth) agree to follow the rules set forth by the leaders of Malaga Assembly of God and the rules of the directors of any outings that I attend. I also acknowledge that if I do not follow the rules, that I will be sent home. As the parent/guardian of the above named youth, I hereby agree that, if my child breaks a rule and needs to be sent home, I will arrange for transportation immediately.

Date

Signature of Youth

Date

Signature of Parent or Guardian