

St. John's Evangelical 2018/19 Parent Authorization Form

This form is valid until 9/30/19 for St. John's activities including those at Jerry Cross park.

Purpose: In the event that reasonable attempts to contact the parent/guardian are unsuccessful, this enables the parent/guardian to authorize the provision of emergency treatment for their child who becomes ill or is injured while attending a St. John's activity.

Child's Name _____ **Birthday** ___/___/___
Address _____

Home Phone: ___/___/___ **Mother's Cell Phone** ___/___/___
Father's Cell Phone ___/___/___

Child's grade **completed** in school:
(circle one: **K 1 2 3 4 5 6 7 8 9 10 11 12**)

If child has not entered first grade yet, please tell us if they are: ___**3yrs**, ___**4yrs**, ___**5yrs**

Permission to participate: I agree to indemnify and hold harmless St. John's Evangelical Church, its representatives, including youth helpers, adult staff and employees from all claims, including negligence, arising from or relating to my child's participation in church activities. I would like my child to participate in activities and am fully responsible for the actions and conduct of my child, including legal responsibility which may result.

(Parent signature and date)

Grant Consent: **Parent/Guardian's name** _____ **(parent address)**

Has authorized the adult in whose care the minor has been entrusted, to consent to any x-ray, examination, anesthetic, medical, surgical or dental diagnosis or treatment and hospital care, to be rendered to the minor under general or special supervision. Care is to be given on the advice of any physical or dentist licensed under the Medical Practice Act, on the medical staff of a licensed hospital, whether such diagnosis or treatment is rendered at the office of said physician or at said hospital. The undersigned shall be liable and agrees to pay all costs and expenses incurred in connection with such medical and dental services rendered to the child pursuant to this authorization.

Should it become necessary for my child to return home due to medical reasons or otherwise, the undersigned shall assume all transportation costs. The undersigned also gives permission for my child to ride in any vehicle designated by the adult in whose care the minor has been entrusted while attending activities at St. John's.

(Parent signature and date)

Refusal to Consent: The undersigned parent _____ (address) _____, **Does Not** give consent for emergency medical treatment of my child. In the event of illness or injury requiring emergency medical treatment, I wish St. John's church authorities to take the following action:

_____ (Parent Signature and date)

Please Fill out completely:
Emergency Contacts: In the event that parents can't be contacted at the numbers listed on the other side, please list phone numbers of those you want us to call if necessary.
Mother's work phone: _____ **Father's work phone:** _____
Name and number of relative or guardian to be used if parent is unavailable:

Insurance Information Needed: (Please fill out each line in this section)
Health Insurance company: _____
Address: _____
Phone Number: (____) _____ Policy Number: _____
Does this child have any medical or food allergies that we should be aware of?
_____ **yes** _____ **no**
If yes, please explain:

Does this child have any medical conditions that adults should be aware of?
_____ **yes** _____ **no**
If yes, please explain:

Photo Permission: Throughout the year, pictures are taken of youth participating in activities and put in the newspaper, bulletin, newsletter, pictorial directory, church website/internet. The undersigned **parent** _____ agrees to the following: Check one
_____ **I give permission for these pictures to be published/shared with the church, community and church web page.**
_____ **I do not give permission for these pictures to be published or shared with the church, community and web page.**

T shirt size: Please check one
_____ Youth Small _____ Adult Small
_____ Youth Medium _____ Adult Medium
_____ Youth Large _____ Adult Large
_____ Youth X Large _____ Adult XLarge

