

PARENTAL CONSENT, CERTIFICATION, AND MEDICAL AUTHORIZATION
GRAVITY Youth Church
7415 Hickory Street
Omaha, NE 68124
402.391.1208

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

General Information [please print]

Child's Name _____ Date of Birth [month/day/year] _____
Child's Address _____
Father's Name _____ Mother's Name _____
Home Phone No. _____ Parent's Work Phone No. _____
School _____ Grade _____ Age _____
Family Doctor _____ Doctor's Phone No. _____
Insurance Company _____ Policy Number _____
Emergency Name and phone number: _____

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 Glad Tidings Church of Omaha Nebraska, from July 1st 2009 to July 1st 2010** including trips, campouts, swimming, boating, hiking, sporting events, missions trips, and any other activities customarily associated with the church. 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? Yes No [if yes, please explain] _____

Does your child have any allergies [including medications] Yes No [If yes, please explain] _____

Does your child ever sleep walk Yes No

Can your child swim? Yes No

Does your child have any physical condition or illness that would prevent him/her from participating in the regularly-scheduled activities described above or in any other rigorous activity? Yes No. If yes, explain below. [A written release must be submitted by your child's physician authorizing him/her to participate in such activities]

Does your child require a special diet? 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 case that I cannot be reached, I authorize the properly appointed staff member to make emergency medical care decisions on my child's behalf, to secure the administration of medical treatment and/or medication, and do further agree to the performance of such treatment, anesthetic, and operations as in the opinion of the attending physician and/or nurse is deemed necessary for my child.

I understand that the Church will not be responsible for medical expenses incurred solely on the basis of this authorization.

I agree to notify Glad Tidings Church in the event of any health changes which would restrict my child's participation in any normal 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.

Signature of Parent/Guardian

Date

Parent/Guardian Covenant

I understand that while my child participates in any regularly sponsored church activity [including retreats, activities, and missions trips], he/she is responsible to abide by the rules set forth by the sponsoring organization, its leaders and supervisory personnel. Any serious infraction of rules and/or conduct by my child can result in dismissal from the event. If he/she is dismissed from the event, I, the undersigned, agree to assume the cost of returning him/her home. I also agree to forfeit any possible refund. [I understand that such action would only be taken under extreme circumstances and only after direct consultation with his/her pastor and parents or guardians.]

Signature of Parent/Guardian

Date