

2009/2010 Parental Consent Form

This consent form is for activity permission at the youth group of Racine Assembly of God, Racine, WI. It is designed to save time for the parents, students and workers in the church. This form is sufficient for EVERY activity or trip your child will attend this year. We will keep this copy on file and use it when needed. Please take a few minutes today to fill in this important information. Return it to the church office. Thank you for your understanding and cooperation.

Thanks,
Pastor Jeremy Moore

NOTE: One form is needed for each person.

Emergency Medical Authorization

This medical emergency form must be signed by parent or guardian, and accompany the youth who wishes to participate in any activity sponsored by Racine Assembly of God, Racine, WI. The purpose of this form is to make it possible for parents or guardians to authorize the provision of medical treatment for minors who become ill or injured while under church authority at any church sponsored activity.

I, _____ of _____ am the _____
(Parent's Name) (Address) (Relationship)

of _____, a minor, who is attending any event in 2008
(Student's Name)

sponsored by Racine Assembly of God, Racine, WI. I hereby give my consent in the event

that all responsible attempts to contact me at _____, or _____
(Phone) (Other Parent or Guardian)

at _____ have been unsuccessful, for the administration of any treatment
(Phone)

deemed necessary by the appropriate licensed physician, dentist, or emergency personnel of the hospital.

Family Doctor/ Pediatrician _____

The following information is needed by any hospital or practitioner not having access to the child's medical history; (use reverse side if necessary)

Allergies:

Medication being taken currently: (Parent's responsibility to inform the church of any changes)

Date of last Tetanus shot: _____

Physical impairments (heart, epilepsy, etc.)

Other pertinent facts to which physician should be alerted:

Hospital Insurance: Yes ___ No ___

Insurance Company _____

Policy Number: _____

Date: _____

(Signature of Parent)