

Parental Consent for Participation  
and for Medical Treatment  
Second Reformed Church  
Children and Youth Ministries

Child's name: \_\_\_\_\_  
Parent/Guardian name(s): \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_  
Zip: \_\_\_\_\_  
Phone numbers - H: \_\_\_\_\_ W: \_\_\_\_\_ C: \_\_\_\_\_  
Child's date of birth (mo/day/yr): \_\_\_\_\_

In case of emergency and I cannot be reached, please contact:  
name: \_\_\_\_\_  
number: \_\_\_\_\_  
relationship: \_\_\_\_\_

Persons authorized to pick up my child from a SRC activity:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name of medical insurance company: \_\_\_\_\_  
Group number: \_\_\_\_\_  
Policy number: \_\_\_\_\_

My child has my permission to participate in the activities checked below.

\_\_\_\_\_ Second Stop (after school program at SRC)

\_\_\_\_\_ Second Stop Field Trips (away from SRC)

\_\_\_\_\_ Middle school youth group

\_\_\_\_\_ High school youth group

\_\_\_\_\_ Youth retreats/outings (away from SRC)

(over please)

My child has my permission to be transported by the church van or vehicle to activities associated with their group program. A licensed driver will be transporting my child. \_\_\_\_\_  
(initial)

Is your child in good health and able to participate in all normal activities? \_\_\_\_\_  
If no, please explain \_\_\_\_\_

Is your child allergic to any medications? \_\_\_\_\_ Please list \_\_\_\_\_

Does your child need to take medication while participating with their group? \_\_\_\_\_  
Please explain \_\_\_\_\_

I understand that Second Reformed Church will use every precaution to assure the welfare and safety of my child. In signing this form, I hereby certify that the above information is correct and grant the permission for the release of medical records in the case of illness or accident. In the case of medical emergency, I understand that every effort will be made to contact a parent or guardian of the child in need of treatment. In the event I cannot be reached, I hereby grant permission to the physician selected by the youth/children ministry leaders to hospitalize, secure proper treatment for, and /or to order injection, anesthesia, or surgery for my child named herein. By this agreement we exempt and relieve Second Reformed Church and its servants from liability for personal injury, damage or wrongful death of our son/daughter caused by any act of negligence of its servants.

Signature of parent/guardian: \_\_\_\_\_

Date: \_\_\_\_\_