



CHILDREN'S ACTIVITY CONSENT FORM

(This form covers all events/activities of Hartselle Church of Christ where your youth may participate or attend)

Name of child _____
 Name of parent(s) or guardian(s) _____
 Address _____
 Home telephone _____ Work telephone _____
 Other person and/or number to call in emergency _____

Medical Information

Is your youth presently being treated for an injury or sickness or taking any medication?

Yes No

If yes, please explain.

Does your youth have, or has your youth ever had, any of the following? (Please check all that apply.)

- | | | |
|-----------------------------------|---------------------------------------|--|
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Hay Fever | <input type="checkbox"/> Kidney Disease |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Heart Murmur | <input type="checkbox"/> Seizure Disorders |

Please explain.

Does your youth ever sleepwalk? Yes No

Youth's blood type _____ (if known)

Does your youth have a physical handicap or illness that would prevent him or her from participating in normal rigorous activity? Yes No If yes, please explain. _____

Family
 Doctor: _____
 Insurance _____
 Co.: _____

Doctor's Telephone: _____
 Policy _____
 No.: _____

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 any activity conducted by Hartselle Church of Christ of which my child is attending/participating. I certify that my child is physically fit and adequately prepared to participate in this event.

Medical Treatment Authorization

I understand that I will be notified in the case of a medical emergency. 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 that my child is injured or becomes ill. I authorize 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: any leader of the event, any adult chaperone or parent who is also attending the event. I authorize these persons to act in my place to consent to all necessary and appropriate x-ray examinations, anesthetic, medical or surgical diagnosis or treatment, and hospital care.

I understand that Hartselle Church of Christ will not be responsible for medical expenses incurred solely on the basis of this authorization. I also understand that the designated adult chaperones 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 or Guardian

Date