

# Christian Faith Center – Nampa, Idaho

## Parental Consent, Certification, Medical Authorization, and Liability Release

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

### General Information (please print)

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Father's Name \_\_\_\_\_ Mother's Name \_\_\_\_\_

Child's Address \_\_\_\_\_

Home Phone Number \_\_\_\_\_ Parent's Work Number \_\_\_\_\_

Family Doctor \_\_\_\_\_ Doctor's Phone Number \_\_\_\_\_

Insurance Company Covering Child \_\_\_\_\_ Policy Number \_\_\_\_\_

### Consent and Certification

I, the undersigned, being the parent and legal guardian of the child named above, do hereby consent to the participation of my child in all of the regularly scheduled activities for children and youth at Christian Faith Center in Nampa, Idaho during the 2011-2012 school year, including field trips, campouts, swimming, boating, hiking, sporting events, and any other activities customarily associated with involvement in the children and youth ministry programs of 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 forms of medication for any reason?  Yes  No (If yes, please explain) \_\_\_\_\_

- Does your child have any allergies, including medications, insect stings, and allergic reaction to nuts?  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 or her from participating in the regularly scheduled activities described above or in any other rigorous activity?  Yes  No (If yes, please explain below.) A written release must be submitted by your child's physician authorizing your child 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 even that I cannot be reached, I authorize the calling of a doctor and the providing of necessary medical services in the event my child is injured or becomes ill. I authorize any 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: \_\_\_\_\_

\_\_\_\_\_

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

I agree to notify the church in the event of any health changes which would restrict my child’s participation in any normal church sponsored activity for youth or children. 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.

**Liability Release**

I understand that every activity sponsored by this church is carefully planned and adequately supervised by mature adults. I also acknowledge that even with the best of planning and precaution, unseen events can occur. By signing this form, I agree to assume and accept all risks and hazards inherent in church-related social activities. I also agree not to hold Christian Faith Center or its employees or volunteer assistants liable for damages, losses, injuries to the person or property undersigned. I understand that I am signing for the minor listed on this form and the signature is for both a medical and liability release.

I expressly agree that this release, waiver, and indemnity agreement is intended to be broad and inclusive as permitted by the law of the State of Idaho, and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect. This release contains the entire agreement between the parties hereto and the terms of this release are contractual and not a mere recital.

I further state that I have carefully read the foregoing release and know the contents thereof and I sign this release as my own free act. This is a legally binding agreement, which I have read and have understood.

**A facsimile or photocopy of this form shall be as valid as the original.**

\_\_\_\_\_

\_\_\_\_\_

Date

\_\_\_\_\_

\_\_\_\_\_

Signature of Parents or Guardians

Date

***Please Note!!***

This form is only valid from September 1, 2011 – August 31, 2012