

PARENTAL CONSENT, CERTIFICATION, MEDICAL AND MEDIA AUTHORIZATION

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)

Child's Name: _____ Date of Birth: _____

Father's Name: _____ Mother's Name: _____

Child's Street Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____

Family Doctor: _____ Doctor Phone Number: _____

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)
- Is your child allergic to any type of medication? Yes _____ No _____ (If yes, please explain)
- Does your child require a special diet? Yes _____ No _____ (If yes, please explain)
- Does your child have (or has ever had) any of the following: (circle and explain below)

Seizure disorders	Asthma	Heart murmur
Diabetes	Hay Fever	Kidney disease
- Does your child have any allergies other than medical? Yes _____ No _____ (If yes, please explain)
- Does your child ever sleep walk? Yes _____ No _____
- Does your child have any physical handicap or illness which would prevent him/her from participating in normal rigorous activity? Yes _____ No _____ (If yes, please explain)

Medical Treatment Authorization

I give my permission for my child, _____ to participate in all activities as part of the ministry of the Williamsburg Community Chapel, Williamsburg, VA. As parent or legal guardian of said minor, I accept full responsibility for any medical costs incurred in the event of an accident or other incident requiring medical treatment. I release Williamsburg Community Chapel from any liability, in the event of an emergency in which my child is in need of immediate hospitalization, medical attention or surgery, and after reasonable efforts have been made to contact me or my spouse and we cannot be located for the purpose of consenting thereto, consent for the emergency attention may be given to any person standing in loco parentis to my child.

I agree to notify the Williamsburg Community Chapel in the event of any health changes which would restrict my child's participation in any normal youth or children's activities. I also understand that the adult supervisors reserve the right to restrict my child from any activity they do not feel is within the physical capabilities of my child.

Liability Release

Every activity sponsored by Williamsburg Community Chapel is carefully planned and adequately supervised by mature adults. However, even with the best of planning and precaution, unforeseen events can occur. By signing this form, I agree to assume and accept all risks and hazards inherent in church-related social and sport activities including transportation to and from activities. I also agree that I will not hold the Williamsburg Community Chapel or its employees or volunteer assistants liable for damages, losses or injuries to the person named on this form.

Media Release

I, the undersigned, being the parent or legal guardian of the child named above, do give my permission to the Williamsburg Community Chapel to use my child's name, photo, and/or video footage to promote the Williamsburg Community Chapel in printed material, in-service use, and/or online.

In signing this document I understand and agree to the Medical, Liability and Media Release Statements as explained above.

(Signature of Parent/Guardian) (Date)

STATE OF)
) ss.
COUNTY OF)

On this _____ day of _____, 201____, before me, _____, a Notary Public in and for said state personally appeared _____, known to me to be the person who executed the within agreement and acknowledged to me that he/she executed the same for the purposes therein stated.

Notary Public
My commission expires: _____