

Holland First Assembly of God  
1331 E. 16<sup>th</sup> Street, Holland, MI 49423  
(616) 396-5646

**PARENTAL CONSENT, CERTIFICATION AND MEDICAL AUTHORIZATION**

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

**General Information (please print)**

Child's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

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

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

City/State/Zip \_\_\_\_\_

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

Family Doctor \_\_\_\_\_ Phone # \_\_\_\_\_

**Consent and Certification**

I, the undersigned, being the parent or legal guardian of the child name above (the "child"), do hereby consent to the participation of my child in all of the regularly scheduled activities of the youth & children's ministries at Holland First Assembly of God – Holland, MI, For The Year(s) of \_\_\_\_\_ including field trips, campouts, swimming, boating, hiking, sporting events, and other activities customarily associated with a church children's ministry group. 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 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)  
Seizures 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 \_\_\_\_ (if yes, please explain) \_\_\_\_\_

\* Can your child swim?

Yes \_\_\_\_ No \_\_\_\_

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\*Does your child have any physical handicap or illness, which would prevent him/her from participation in normal rigorous activity?

Yes \_\_\_\_ No \_\_\_\_

(if yes, please explain) \_\_\_\_\_

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***Medical Treatment Authorization***

I understand that I will be notified in the case of a medical emergency involving my child. 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 understand that the Church will not be responsible for medical expenses incurred, but that such expenses will be my responsibility as parent/guardian.

I agree to notify the Church 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 reserves the right to restrict my child from any activity that they do not feel is within the physical capabilities of my child.

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Signature of Parent/Guardian

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Date