

Holland First Assembly of God  
1331 E. 16th 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 & 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** (Valid For Events during 2023)

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 and/or church services at Holland First Assembly of God– Holland, MI, including conventions, campouts, swimming, boating, hiking, sporting events, all off & on-site activities 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

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\*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 \_\_\_\_

\*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** (Valid For Events during 2023)

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, becomes ill or a medical emergency is occurring with my child. 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 Holland First Assembly of God in the event of any health changes, which would restrict my child's participation in any normal children's activities, I also understand that the Holland First Assembly Staff and volunteer 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 Date \_\_\_\_\_