

**VILLAGE CHURCH**  
**Parent Consent Form for Group Activity and Medical Authorization**

\_\_\_\_\_ has my permission to participate in  
student's name

\_\_\_\_\_ at \_\_\_\_\_ on \_\_\_\_\_.  
the event the location the date and time

**Bring:**

- ☐ Lunch  
☐ No Lunch (It's provided)  
☐ Other \_\_\_\_\_

**Method of Transportation:**

- ☐ I have a ride  
☐ I need a ride from: ☐ Home ☐ Church  
☐ Other \_\_\_\_\_

Additional Information: \_\_\_\_\_  
\_\_\_\_\_

**Please fill in the information below:**

Do you have Health Insurance? ☐ Yes ☐ No

If yes, Policy Name of Health Insurance Co.: \_\_\_\_\_

**Health Information:**

Has your child had any of the following? (Check if answer is YES)

- |                                                       |                                         |
|-------------------------------------------------------|-----------------------------------------|
| <input type="checkbox"/> Frequent or severe headaches | <input type="checkbox"/> Asthma         |
| <input type="checkbox"/> Ear, nose or throat trouble  | <input type="checkbox"/> Heart trouble  |
| <input type="checkbox"/> Dizziness or fainting spells | <input type="checkbox"/> Frequent colds |
| <input type="checkbox"/> Shortness of breath          | <input type="checkbox"/> Diabetes       |

List Allergies and/or Allergic Reactions: \_\_\_\_\_

List any medication you child now takes: \_\_\_\_\_

Should it be necessary for my child to have medical treatment while participating in this activity, I hereby give the person(s) in charge: \_\_\_\_\_ permission to act on my behalf to SECURE HOSPITALIZATION or medical services deemed necessary and appropriate by the physician. I absolve VILLAGE CHURCH from any and all forms of negligence and wrong treatment incurred in the procurement and process of hospitalization and medical treatment. I understand that VILLAGE CHURCH has no accident insurance. Any cost incurred shall be my sole responsibility.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Relationship to Participant

\_\_\_\_\_  
Cell phone

\_\_\_\_\_  
Address

\_\_\_\_\_  
City

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Tear Off and Keep for Your Information

This activity is organized by \_\_\_\_\_ of VILLAGE CHURCH.

Organizer's cell phone: \_\_\_\_\_

Departure from [home] [church]: \_\_\_\_ [am] [pm]

Return to [home] [church]: \_\_\_\_ [am] [pm]