

**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)

[ ] Frequent or severe headaches	[ ] Asthma
[ ] Ear, nose or throat trouble	[ ] Heart trouble
[ ] Dizziness or fainting spells	[ ] Frequent colds
[ ] Shortness of breath	[ ] 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]