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**Youth Ministry Consent Form**

**Basic Information:**

Name of child: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of parent(s) or guardian(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Additional Emergency Contact:

Name/Relationship/Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Medical Information:**

Is your child presently being treated for an injury, sickness, or taking any medication?

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

If yes, please explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Does your child have any allergies? Yes \_\_\_\_\_\_\_ No \_\_\_\_\_\_\_

If yes, please explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Consent and Certification:**

I, being the parent or legal guardian of the child named above, do hereby consent to the participation in St. Peter’s Reformed Church – Youth Ministry organized events. I understand that the designated adult chaperones reserve the right to restrict my child from any activity that they do not feel is within the physical capabilities of my child.

*Medical Treatment Authorization*: I certify that my child is physically fit and adequately prepared to participate in this event. I understand that I will be notified in the case of a medical emergency. However, in the event that I cannot be reached, I authorize the calling of emergency services or a doctor and the providing of necessary medical services in the event that my child is injured or becomes ill. I authorize Aubrey Rader– Director of Youth Ministry, or another adult chaperone designated by Aubrey, to make emergency medical decisions on behalf of my child, if required by law or a health care provider. I authorize these persons to act in my place to consent to all necessary and appropriate x-ray examinations, anesthetic, medical or surgical diagnosis or treatment, and hospital care. I understand that St. Peter’s Reformed Church will not be responsible for medical expenses incurred solely on the basis of this authorization.

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# Signature of Parent or Guardian Date