



**PARENTAL CONSENT, CERTIFICATION,
LIABILITY RELEASE, DISCIPLINE
AND MEDICAL AUTHORIZATION FORM**

School Year _____ to _____

(Groups participating with Center Christian Church: Please copy this form. Give originals to Center Christian Church & keep the copy for your records.)

Student's Name: _____

Date of Birth: ___ / ___ / ___

School: _____

Grade: _____

Consent and Certification

I, the undersigned, being the parent or legal guardian of the child named above (the "child"), do hereby consent to participation of my child in activities sponsored by Center Christian Church throughout the school year indicated above.

General Information (please print)

Child's Address: _____

Child's Phone#: _____

Home Phone #: _____

Father's Name: _____

Mother's Name: _____

Father's Cell#: _____

Mother's Cell #: _____

Father's Work#: _____

Mother's Work#: _____

Father's Email: _____

Mother's Email: _____

Doctor Name: _____

Doctor Phone#: _____

Insurance (attach a copy of both sides of your card)

Emergency Contact (Non-Parent)

Company: _____

Name: _____

Policy#: _____

Cell#: _____

Group#: _____

Work#: _____

Discipline Agreement

The child identified on this form understands that all students are expected to abide by the rules and be directly responsible to the Center Christian Church Youth Minister and/or Leader. The Youth Minister and/or Leader assumes responsibility for discipline and, if necessary, may, because of misconduct or disobedience, require a student to leave. In such instance, I will assume full responsibility for returning the student home.

Further, I do release and hereby agree to hold blameless Center Christian Church and its employees and agents from any and every claim arising, or which may be asserted by me and by any member of my family by reason of participating in any activities associated with Center Christian Church programs.

Signature of Parent or Legal Guardian

Date

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) _____

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)

Seizure disorders

Asthma

Heart murmur

Diabetes

Hay Fever

Kidney Disease

Major illness or injury (explain): _____

Major illness of immediate family (explain): _____

Does your child have any allergies other than medical? Yes No (if yes, explain)

Does your child ever sleep walk? Yes No

Can your child swim? Yes No

Does your child have any physical handicap or illness which would prevent him/her from participating in normal rigorous activity: Yes No (if yes, please explain) _____

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 services in the event 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 that would restrict my child's participation in any normal youth or children's activities. I also understand that the adult supervisors reserve the right to restrict my child from any activity that they do not feel is within the physical capabilities of my child.

Signature of Parent or Legal Guardian

Date

STUDENT MEDICATION INFORMATION AND CONSENT FORM

Please administer to my child _____, the prescription medication(s) written below. The label affixed to the medication bottle/package will meet the requirement for the physician's written order.

AND/OR

Please administer to my child _____ the over-the-counter medication(s) as described below: (REMINDER: Prescription and over-the-counter medications must be kept in the original container with the pharmacy or brand label affixed.)

MEDICATION	Dosage mg. & # of tabs	Time to Be given	Time to be discontinued	Reason for medication	Precautions/Side Effects
1.					
2.					
3.					
4.					

I have read and understand the medication policies as indicated on the next page.

Signature of Parent or Legal Guardian

Date

MEDICATION POLICIES AND WRITTEN CONSENT FOR ADMINISTRATION OF MEDICATION

In order to protect the health and welfare of the students and staff alike, Indiana laws require that parents'/guardians' consent, in writing, to the administration of medication. In order for the volunteer or staff member to administer medications to your student, the medication form on the reverse side must be completed and signed. Please read carefully the following policies regarding medication administration during trips.

1. The church must have on record a written order from the prescribing physician/practitioner and written consent from the parent/guardian for prescription medications. There must be a written request from the parent/guardian for Over-the-Counter (OTC) medications before they will be administered to a student on the trip. (NOTE: The label on the prescription bottle/package will meet the requirement for physician's written order.)
2. Medications prescribed and/or OTC meds should be kept in the original container with the pharmacy or brand label affixed. The label must include the following: Student's name, name of medication, dosage of medication, and prescribing physician/ practitioner (if applicable).
3. Medication brought on the trip will be checked in during registration and kept secure with an authorized adult.
4. The assigned staff and/or volunteer must be aware of the purpose for which the student is receiving the medication. This information is kept strictly confidential and will only be communicated to the registrar, staff leader, and designated volunteer administering medications.
5. In specific cases, the church staff member may require the parent/guardian to come and administer the medication.
6. No church staff or volunteer will give injections, unless appropriate training has been given.
7. All prescribed medication will be administered strictly in accordance with the written order of the physician/practitioner. The dosage may be changed only if the church is provided with the written order of the physician/practitioner authorizing the change.
8. Over-the-Counter medication will not be administered in any manner inconsistent with the instructions on the brand label, unless the school receives a written order of a physician/practitioner authorizing such administration.
9. Medication will not be sent home with a student. Medication for a student in grades kindergarten through grade 8 may be released only to: The student's parent/guardian OR an individual who is at least 18 years of age **and**, designated, **in writing**, by the student's parent/guardian to receive the medication. Medication may be sent home with a student in grades 9-12 if the student's parent/guardian provides written permission for the student to receive the medication.