

# Parental Approval for Children/Youth Event

Name of Child/Youth: \_\_\_\_\_ Approval Period: from \_\_\_\_\_ to \_\_\_\_\_

I authorize my child's participation in this program/event, and in each element described in this notice or attachment.

I authorize my child's participation in this program/event, except for the following elements/activities:

Before approving my child's participation I would like more information about some aspect of the program.

***In order to allow us to effectively supervise and assure the enjoyment and safety of all, please provide the following further information:***

Please note any special dietary needs of your child:

Are there any regular medications your child is taking and will have with him/her?

Does the child need assistance in taking these medications?  Yes  No

If yes, do you approve an adult member of the leadership team giving such assistance?  Yes  No

Is your child under medical care for any immediate, but temporary condition?

Yes  No If Yes, please describe in such a manner that our supervisors may be aware of any special needs or possible problems.

Are there any restrictions on the nature or extent of physical activities of your child?  Yes  No If Yes, please describe those restrictions.

Does your child have any known allergies or serious reactions to things like bee stings or other toxins? If so, please specify and note important restrictions or limitations and treatments or responses.

When was the child's last tetanus shot? \_\_\_\_\_

Home Telephone: \_\_\_\_\_ Work Telephone: \_\_\_\_\_

Alternate Close Family Member: \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Family/Minor's Physician: \_\_\_\_\_

Medical Insurance Coverage:  Yes  No Through what Insurer? \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Relationship: (parent/guardian) \_\_\_\_\_

## **Please Read and Sign the Attached Medical Treatment Forms.**

(Note: Churches may wish to assure actual parental signature by having such signatures provided in person at the church or in the presence of another adult who verifies the signature. The use of a Notary Public is possible, but often would be cumbersome for many parents. In some circumstances, it may be important to assure that the signing parent has appropriate custody and the lawful right to grant approval. Attach to this approval form any or all of the following forms dealing with medical problems that might arise.)