



Parental Consent, Certification, And Medical Authorization

General Information (please print)

Name _____ Date of Birth _____
last first middle

Parent or Guardian _____

Address _____
street city state zip

Phone: Home _____ Cell _____ Email _____

Contact person if Parent/Guardian cannot be reached _____

Phone _____ Relationship _____

Health Center _____

Physician _____ Phone _____

Insurance Carrier _____ Policy # _____

Medical History

(please circle)

Is your teen currently on medication or under a doctor's care? YES NO

Is your teen allergic to any types of medication? YES NO

Is your teen allergic to any foods? YES NO

Is your teen allergic to bee stings or any insect bites? YES NO

Does your teen use an inhaler? YES NO

Does your teen have any physical impairment, which would prevent him/her from participating in normal rigorous activity? YES NO

Please explain any YES answers:

Can your teen swim? YES NO

Consent and Certification

I, the undersigned, being the parent or legal guardian of the teen named above do hereby consent to the participation of my teen in all of the regularly scheduled activities of the youth group of Grace Brethren Church of Lititz, Pennsylvania, including field trips, campouts, swimming, boating, hiking, sporting events and any other activities customarily associated with a church youth group. Further, I certify that my child is physically fit and adequately trained to participate in such events unless otherwise noted.

Medical Treatment Authorization

I understand that I will be notified in the case of medical emergency involving my teen. However in the event that I cannot be reached, I authorize the calling of a doctor and the providing of necessary medical services in the event my teen becomes injured or ill. I understand that the Grace Brethren Church of Lititz WILL NOT be responsible for medical expenses incurred, but that such expenses will be my responsibility as the parent/ guardian.

I agree to notify the Grace Brethren Church of Lititz in the event of any health changes, which would restrict my teen's participation in any normal youth activities. I also understand that the adult staff members reserve the right to restrict my teen from any activity that they do not feel is within the physical capabilities of my teen.

Consent to Transport

I, the undersigned, being the parent or legal guardian of the teen named above do hereby consent that my child may be transported by staff in personal vehicles and rented buses and vans.

Disciplinary Agreement

I, the undersigned, being the parent or legal guardian of the teen named above understand that while named teen participates in any activity, trip, function, or the like either sponsored by or participated in by Grace Brethren Church of Lititz is responsible to abide by the rules set forth by the sponsored organization, its leaders and/or all supervisory personnel. Any infraction of rules and/or conduct by the above named person(s), deemed to be serious by any director or properly appointed staff member of Grace Brethren Church of Lititz, can result in corrective action, up to and including dismissal from the event. In the event that the named teen is dismissed from the program, the teens parent or legal guardian agrees to assume the entire cost of returning home. I fully understand and agree that there will be no refund of the cost of returning home.

Signature of Parent or Guardian _____

Date _____