

# INSTRUCTIONS to COMPLETE **Parental Consent forms for 2017-2018**

1. Print off the attached 2-page form, and complete it fully except signature.
2. Items to note on the form:
  - > **Page 1 - Under Medical Questionnaire** – 3<sup>rd</sup> item (“Does your child have ...any of the following”)...if you do not circle or write in a condition, write NONE on blank lines.
  - > **Page 2 - shaded box**, “Promotional Release” - only check the little box in the lower left corner IF you do NOT want any pictures published that include your child.

**SIGN and DATE the form in 2 places on the 2<sup>nd</sup> page –  
ONLY IN THE PRESENCE OF A NOTARY.**

3. Two ways to find a notary:
  - > Come to the **church office**, between 8:30AM -5:00PM weekdays (*CALL FIRST to be sure notary is here*)
  - > Have forms notarized by a **community or bank notary**, and deliver or mail them to the church.

1 form per child / ages 18 and under

**2017-18 PARENTAL CONSENT, CERTIFICATION, MEDICAL AUTHORIZATION, AND PROMOTIONAL RELEASE**

**New Life Church - 2715 W. 39th Street, Kearney, NE 68845  
- 315 E. 5th Street, North Platte, NE 69101**

Parents and legal guardians of minor children (18 years of age and under) are asked to complete this form and return it to the church. The information requested is designed to assist the church in providing for the safety of minors during church sponsored activities.

**General Information (please print)**

Child's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Father's Name \_\_\_\_\_ Mother's Name \_\_\_\_\_

Legal Guardian's Name \_\_\_\_\_

Child's Address \_\_\_\_\_

Home Phone No. \_\_\_\_\_ Parent's Work Phone No. \_\_\_\_\_

Parent Cell No. \_\_\_\_\_

Family Doctor \_\_\_\_\_ Dr. Phone No. \_\_\_\_\_

**Consent and Certification**

I, the undersigned, being the parent or legal guardian of the child named above (the "child"), do hereby consent to the participation of my child in all of the regularly scheduled activities of: Sunday morning activities or Girls Clubs or Royal Ranger or Youth group programs of New Life Church, from date of signatures through September 30, 2018, including field trips, class parties, campouts, swimming, boating, skiing, hiking, fishing, sporting events and any other activities customarily associated with a church children's or youth program. Further, I certify that my child is physically fit and adequately trained to participate in such events, including swimming, (except as noted below).

**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) \_\_\_\_\_

\_\_\_\_\_



Is your child allergic to any type of medication? 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 disease

Diabetes

Hay Fever

Kidney disease

\_\_\_\_\_

\_\_\_\_\_



Does your child have allergies other than medical? Yes \_\_\_\_\_ No \_\_\_\_\_ (if yes, please 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 medical services in the event my child is injured or becomes ill. I authorize and give my consent to the Children's Department and Youth Department Directors or properly appointed staff member of such departments of New Life Church to make emergency medical care decisions on behalf of my child, if required by law or a health care provider. I understand that New Life Church will not be responsible for medical expenses incurred solely on the basis of this authorization.

I agree to notify New Life Church in the event of any health changes which 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/Guardian)

\_\_\_\_\_  
(Date)

**Promotional Release**

I hereby consent to the use of any videotapes, photographs, slides, audiotapes, or any other visual or audio reproduction in which my child may appear by New Life Church. I understand that these materials are being used for promotion of the children and youth ministries of New Life Church, which includes recruitment and fund-raising efforts. I release New Life Church from any liability connected with the use of my child's picture or voice recording as part of any promotional, recruitment, or fund-raising program.

\_\_\_\_\_  
(Signature of Parent/Guardian)

\_\_\_\_\_  
(Date)

CHECK BOX = I decline the use of any visual or audio reproduction in which my child may appear by New Life Church.

**STATE OF NEBRASKA )**

**) ss.**

**COUNTY OF**    BUFFALO    LINCOLN ) (check one)

On this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

before me, \_\_\_\_\_, a Notary Public in and for said state personally appeared \_\_\_\_\_, known to me to be the person who executed the within agreement and acknowledged to me that he/she executed the same for the purposes therein stated.

\_\_\_\_\_  
Notary Public

[Notary Seal]