

New Life Church 2025-26 PARENTAL CONSENT, CERTIFICATION and MEDICAL AUTHORIZATION

2715 W. 39th Street, Kearney, NE 688845
315 E. 5th Street, North Platte, NE 69101
700 Foxhill Road, Ogallala, NE. 69153
110 14th Avenue, Holdrege, NE 68949

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 including: classes, services, 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 from the date of signatures through May 31, 2026. 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) _____

>>> Yes _____ No _____ Does your child have (or has ever had) any of the following: (circle, and explain below)

Seizure disorders
Diabetes

Asthma
Hay Fever

Heart disease
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)