

**New Life Church 2019-20 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

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 September 30, 2020. 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

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>>> Does your child have allergies other than medical? Yes \_\_\_\_\_ No \_\_\_\_\_ (if yes, please explain)

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>>> 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)

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### 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)

**STATE OF NEBRASKA )**

**) ss.**

**COUNTY OF**  **BUFFALO**  **LINCOLN**  **KEITH (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]