

2007 **Community Covenant Church** **2008**
2700 El Rancho Drive
Santa Cruz, CA 95060

Parental Consent and Medical Authorization

Name of child/youth: _____ Grade: ____ Age: ____
Address: _____ Phone: _____

As the parent or legal guardian of: _____,
(child's name)

I understand that my child will be participating in a number of activities for the school year
September 1, 2007 to August 31, 2008,
which carry with them a certain degree of risk. Some of the activities are swimming, boating, hiking,
camping, field trips, sports and other activities which the church may offer. I consent for my child to
participate in these activities.

I also represent that my child is physically fit and has the necessary skills to safely participate in these
activities. Particularly, I state that my child can swim cannot swim.

I also understand and give consent for my child to travel to and from these events in transportation
provided by volunteer drivers.

Medical Treatment Authorization

It is my understanding that the church will attempt to notify me in case of a medical emergency involving
my child. If the church cannot reach me, then I authorize the church to hire a doctor or other health-care
professional, and I give my permission to the doctor or other health-care professional to provide the
medical services he or she may deem necessary. I will pay for any medical expenses so incurred.

I will notify the church if I feel there are any health considerations that would prevent my child's
participation in any of the activities listed above.

I also give my permission for the church's children's and/or youth leaders to restrict my child from
participation in any activity which they have any question about for health or other reasons.

Allergies or other health considerations _____

Insurance Co.: _____ Policy/Group #: _____
Telephone Number: _____
Doctor's Name _____ Dentist's Name _____
Telephone Number _____ Telephone Number _____

Parent/Guardian Name (Please print) _____
Phone – Day: _____ Phone – Eve.: _____

Signature: _____ Date: _____