

PARENTAL CONSENT, CERTIFICATION & MEDICAL AUTHORIZATION

Plum Creek Christian Church

13455 Alexandria Pike, Butler, KY 41006

Phone: (859) 635-9995 Fax: (859) 448-2492

Dear Parent(s): Please complete the following information for your child: **(PLEASE PRINT)**

PERSONAL INFORMATION:

Full Name: _____ Male Female
(Last) (First) (Middle)

Address: _____

City: _____ State _____ Zip _____

Birth Date: _____ Grade: _____

MEDICAL INSURANCE INFORMATION:

Insurance Company: _____ Policy Number: _____

Family Physician: _____ Phone: (____) _____

A. List any ALLERGIES your child may have:

B. List any adverse reactions to MEDICATION and/or TREATMENT your child has had:

C. List any MEDICATION YOUR CHILD TAKES REGULARLY OR PERIODICALLY:

D. If you have NO information to provide, please indicate here:

Consent & Certification: *I, the undersigned, being the parent or legal guardian of the child named above, do hereby consent to the participation of my child in all of the **2012-2013 Youth Activities of Plum Creek Christian Church**, Butler, Kentucky, including field trips, campouts, swimming, skiing, camps, conventions, boating, hiking, sporting events, and any other activities customarily associated with church sponsored activities.*

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 understand that Plum Creek Christian Church will not be responsible for medical expenses incurred, but that such expenses will be my responsibility as parent/guardian. I agree to notify the Church in the event of any health changes which would restrict my child's participation in normal 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.*

Parent / Legal Guardian Signature

Date

Home Phone

Work Phone

Official Sponsor Signature

Date