



2024 Parental Consent Form

Name: _____ Age: _____ Birthdate: _____

School : _____ Current Grade : _____

Address: _____ City: _____

Email: _____ State: _____ Zip Code: _____

Parent/Guardian Name: _____ Cell Phone: _____

Parent/Guardian Name: _____ Cell Phone: _____

I/We authorize an adult, in whose care the minor has been entrusted, to consent to any X-ray, examination, anesthetic, medical, surgical, or dental diagnosis or treatment, and hospital care, to be rendered to the minor, under the general or special supervision and on the advice of any physician or dentist licensed under the provisions of the Medical Practice Act on the medical staff or a licensed hospital, whether such diagnosis or treatment is rendered at the office of said physician or at said hospital.

The undersigned shall be liable and agree(s) to pay all costs and expenses incurred in connection with such medical or dental services rendered to the aforementioned child pursuant to this authorization.

Should it be necessary for my/our child to return home due to medical reasons or otherwise, the undersigned shall assume all transportation costs.

The undersigned does also hereby give permission for my/our child to ride in any vehicle designated by the adult whose care the minor has been entrusted while attending and participating in activities sponsored by Church on the Rise.

Please note: If a serious emergency arose, it might be necessary for a physician to attend to your son/daughter before the staff could get in touch with you or your designated physician.

I further understand that alcoholic beverages, drugs, any form of tobacco products are strictly prohibited. In the event that a student is found with any of these items, he or she will be sent home at the parent or guardian's expense. I also understand that any inappropriate conduct creates an atmosphere not conducive to spiritual growth and will not be tolerated. In addition, any disrespectful or negative attitude on the part of the student may result in the student being sent home.

Medical Insurance? Yes ___ No ___ Insurance Company: _____

Policy Number: _____ Group Number: _____

In Case of Emergency Contact:

1. _____ Relationship: _____ Phone: _____

2. _____ Relationship: _____ Phone: _____

I hereby authorize that emergency, medical and/or surgical care may be provided for my son/daughter from 1/1/2024 to 12/31/2024 (one year) inclusive.

Parent/Guardian Signature _____ Date _____

HEALTH INFORMATION

1. Describe any health factor that makes it advisable for your son or daughter to limit physical activity on the trip/event: _____

2. Please state any additional limitations: _____

3. Any known allergy to medication: _____

4. Instructions for medication to be brought on the trip: _____

5. May have Tylenol if needed: Yes ___ No ___ Tylenol substitute: _____

6. Any known food allergies: (Please list) _____

7. Is there anything else that we should know about your son/daughter? _____

8. Check any conditions that your son/daughter might have:

HEART:

___ heart surgeries
___ bypasses
___ heart medication
___ pacemaker
___ high blood pressure

DIET:

___ diabetes
___ hypoglycemia
___ diet restrictions
___ prescribed insulin

LUNGS:

___ asthma
___ emphysema
___ high altitudes

OTHER:

___ allergies
___ epilepsy

9. Date of last Tetanus shot: ___ / ___ / ____

Prescribed Medications:

10. At Church on the Rise, we often take pictures or videos of events where your child may be present and share them on various media outlets. If you do not wish your child's photograph or video to be used, please contact the age appropriate pastor and outline with them the guidelines by which you would be comfortable with your child's photograph or video being taken and if you would not mind for their name to be used in posts if applicable.