

PARENTAL CONSENT, CERTIFICATION, AND MEDICAL AUTHORIZATION

2006/2007

**St. Ann's Catholic Church
Long Grove, IA. (563) 285-4596**

Parents and legal guardians of minor children are asked to complete this form and return it to the church. The information 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 _____

Child's Address _____

Home Phone No. _____ Parent's Work Phone No. _____ Cell No. _____

Family Doctor _____ Doctor's Phone
No. _____

Insurance Company Covering Child _____ Policy
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 youth of St. Ann's Catholic Church, Long Grove, Iowa, ("Church") for the period of September 1, 2006 through August 31st, 2007, including field trips, campouts, swimming, boating, hiking, sporting events, retreats and any other activities customarily associated with church youth programs. Further, I certify that my child is physically fit and adequately trained to participate in this event, including swimming, except as noted below:

Parent/Guardian Signature: _____ **Date:** _____

MEDICAL QUESTIONNAIRE

Is your child presently being treated for an injury or sickness or taking any form of medication for any reasons? Yes ___ No ___ (If yes, please explain)

Does your child have any allergies (including medications)? 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 condition or illness that would prevent him or her from participating in the regularly scheduled activities described above or in any other rigorous activity? Yes ___ No ___ If yes, please explain below. A written release must be submitted by child's physician authorizing your child to participate in such activities.

Does your child require a special diet? 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 any adult supervisor to make emergency medical decisions on behalf of my child if such decisions are required by law or deemed necessary or advisable by a health care provider. I understand that the Church and the persons named above will not be responsible for medical expenses incurred solely on the basis of this authorization.

I agree to notify the 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.

Parent Signature _____ Date _____

Parent Signature _____ Date _____
