

**Valle Vista Assembly of God
Activity & Health Care Consent Form
Children/Teens/Dependent Adults**

2017

Parents and legal guardians of minor children, teens, and dependent adults must complete and submit this consent form prior to the participation in church group activities. This information assists the church in supporting the safety of the children, teens, and dependent adults. If, at any time, during the year any of the information changes, we ask that you notify the church office.

Last Name:
First Name:
Date of Birth: _____ SS Number: _____
Names of Parent(s)/Guardian(s):
Address:
City, Zip Code:
Phone Numbers: Home: _____ Cell: _____
Minor's Usual Physician, Clinic, and/or Hospital Affiliation:
Minor's Daily Medications and dosages:
Minor's Allergies:
Minor's Special Nutritional Needs:
Does your minor sleepwalk?
Swimming Skill Level: Advanced ___ Intermediate ___ Beginner ___ None ___
Identify any handicaps/illnesses which would prevent your child/teen from participating in rigorous activity:

Please complete the following statement:

I, _____, do hereby consent to the participation of my child in all of the regularly scheduled activities of Valle Vista Assembly of God, including (but not limited to) field trips, campouts swimming, boating, hiking, and sporting events. I am aware that group photography and videotaping may occur during these events and will be used for publication.

I understand that I will be notified of any healthcare emergency involving my child. In the event that I cannot be reached at the time of an emergency situation, I authorize the necessary care provided by qualified health care providers. I understand that I will be responsible for the expenses incurred for such care. I agree to notify the church of any changes in the information that I have provided on this form. I understand that the adult chaperone of any activity holds the right and responsibility to restrict my child from any activity he/she feels unsafe for my child.

Parent/Guardian Signature

Date