

LAKESIDE CHRISTIAN CHURCH

Parental Consent & Medical Authorization Form



Student's Name: _____ **School:** _____
Home Phone #: _____ **Cell #:** _____
Address: _____
City: _____ **Zip:** _____
Age: _____ **Birthday:** _____ **Email:** _____

Parental Consent

As the Parent/Legal Guardian of: _____, I understand that my child will be participating in a number of activities which carry with them a certain degree of risk. Some of these activities include but are not limited to swimming, boating, hiking, camping, field trips, sports and other activities Lakeside Christian Church may offer. I consent for my child to participate in these activities. I also understand and give consent for my child to travel to and from these events in transportation provided by approved 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 seek professional medical care and I give my permission for the doctor or medical professional to provide the medical services he/she may deem necessary. I will be responsible for the medical expenses 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. I also give my permission for the Lakeside Youth Leaders to restrict my child from participation in any activity in which they have a question about for health or other reasons.

THIS FORM IS VALID JUNE 1, 2023 – JUNE 1, 2024

MEDICAL INFORMATION (Please Print)

Allergies _____

Medications being taken _____

Physical limitations _____

Medical insurance company: _____

Policy# _____

Primary Physician: _____ Phone Number: _____

Other Permissions

I give my permission for my child to take the over the counter medications listed below as needed while attending LAKESIDE EVENTS: acetaminophen, ibuprofen, antihistamine, throat lozenges, anti-nausea, anti-diarrhea, antibiotic ointment, anti-itch cream, ipecac, aloe, eyewash, and sunscreen.

I give permission for my child to participate in all activities on or off the grounds. In case of a medical emergency for my child, I hereby authorize ECF staff to act in their best judgment to seek medical attention through appropriate means, including ambulance use.

I give permission for my child to be photographed in Lakeside Youth activities. Such photographs may be used by Lakeside Christian Church / Lakeside Youth for publicity or educational purposes. At no time will photos be used with identifying information in a public forum.

Initials _____

SIGNATURE OF PARENT OR LEGAL GUARDIAN

X _____

Print Name: _____

Date: _____ **Emergency Contact Phone Number/s:** _____

*****FOR OFFICIAL USE ONLY*****



welcome to
Lakeside
youth