

# Parental Consent Form

**Please complete & return to the church office or North Campus on a Wednesday.**

Pastor Tyler Wolfe

*Note: One form is needed for each person!*

## Emergency Medical Authorization

This medical emergency form must be signed by parent or guardian and accompany the youth who wishes to participate in **Summer Camp 2018** sponsored by Bridge Youth. This event will take place at **Spencer Lake Christian Center in Waupaca, WI** on **July 16-20 (Senior High Camp) or July 30-Aug 3 (Jr. High Camp)**.

The purpose of the form is to make it possible for parents or guardians to authorize the provision of medical treatment for minors who become ill or injured while under church authority of this activity. I understand that it is the parent's responsibility to inform the church of any changes in medical treatment, insurance or medications taken. I hereby release Bridge Church, Waukesha, WI, its staff and sponsors, from any liability and liability for any injury or illness that my child may sustain during activities. I hereby authorize an adult leader of these activities, as agent for me to consent to any X-ray examination; medical, dental or surgical diagnosis, treatment and hospital care advised and supervised by a physician, surgeon or dentist (as appropriate) licensed to practice under the laws of this state where the services are rendered, either at a doctor's office or in a hospital. I expect to be contacted as soon as possible.

I, \_\_\_\_\_ of \_\_\_\_\_  
(Parent's Name, please print) (Street, City, State, Zip, please print)

am the \_\_\_\_\_ of \_\_\_\_\_ (male / female),  
(Relationship, please print) (Child's Name, first / last, please print)

a minor who is attending this event for Bridge Church, Waukesha, WI. I hereby give my consent in the event that all reasonable attempts to contact me at

\_\_\_\_\_ or \_\_\_\_\_ at \_\_\_\_\_ have been  
(phone) (other parent/guardian) (phone)

unsuccessful, for the administration of any treatment deemed necessary by the appropriate licensed physician, dentist, or emergency personnel of the hospital.

Family Doctor/Pediatrician \_\_\_\_\_

The following information is needed by any hospital or practitioner not having access to the child's medical history (use reverse side if necessary).

Allergies: \_\_\_\_\_

Medication being taken currently (parent's responsibility to inform the church office of any changes): \_\_\_\_\_

Date of birth: \_\_\_\_\_ Date of last Tetanus shot: \_\_\_\_\_

Physical impairments (heart, epilepsy, etc): \_\_\_\_\_

Other pertinent facts to which physician should be alerted: \_\_\_\_\_

Medical Insurance: Yes \_\_\_\_\_ No \_\_\_\_\_

Insurance Company: \_\_\_\_\_ Policy Number: \_\_\_\_\_

Date: \_\_\_\_\_ Signature of Parent or Guardian \_\_\_\_\_

***\*Please turn over, read and sign back of this form.***

## ***Other Medical Information***

If you register and turn in this waiver by **May 2, 2018** you will get free customized Bridge Youth hat. You will also get free entry into a Bridge Youth Beach Day on June 14, 2018.

What custom name or nickname do you want printed on your hat? \_\_\_\_\_

## **Disciplinary Agreement**

I understand that, while my child participates in this church sponsored activity, he/she is responsible to abide by the rules set forth by the church, its leaders and supervisory personnel. Any serious infraction of these rules and/or lack of cooperation with leadership by the child can result in dismissal from the event. If \_\_\_\_\_ is dismissed from the event, I agree to assume the cost of

(child's name, please print)

returning him/her home, and any damages which may have been caused by my child.

Date \_\_\_\_\_

Parent Signature \_\_\_\_\_

Child Signature \_\_\_\_\_