



CHESTER CHRISTIAN CENTER

# Parental Consent and Medical Authorization

Chester Christian Center A/G Church - 11815 Chillicothe Rd. - Chesterland, OH ~ 44026  
440-729-6203 - [chesterchristiancenter.com](http://chesterchristiancenter.com)

This information requested is designated to assist Chester Christian Center A/G church in providing for the safety of minors during church-sponsored activities.

## GENERAL INFORMATION (Please fill out separate form for each child)

Child's Full Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Father's Name \_\_\_\_\_ Cell Phone # \_\_\_\_\_

Mother's Name \_\_\_\_\_ Cell Phone # \_\_\_\_\_

Child's Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

Family Doctor \_\_\_\_\_ Doctor's Phone # \_\_\_\_\_

Insurance Company Covering Child \_\_\_\_\_

Insurance Policy # \_\_\_\_\_

## MEDICAL QUESTIONNAIRE

Is your child presently being treated for an injury or sickness or taking any form of medication for any reason?

**Yes / No (If you circled "Yes", please explain)**

Does your child have any allergies? **Yes / No (If you circled "Yes", please explain)**

Does your child have any physical handicap or illness or disorders which would prevent him/her from participating in **normal** rigorous activities? **Yes / No (If you circled "Yes", please explain)**

## MEDICAL TREATMENT AUTHORIZATION

I understand that I will be notified in the case of a medical service in the event my child is injured or becomes ill. **I authorize any one or more of the following persons to make emergency medical care decisions on behalf of my child**, if required by law or a health care provider:

Name \_\_\_\_\_ Relation \_\_\_\_\_ Phone # (\_\_\_\_) \_\_\_\_\_

Name \_\_\_\_\_ Relation \_\_\_\_\_ Phone # (\_\_\_\_) \_\_\_\_\_

***I agree that if Chester Christian Center A/G church can not get in contact with you or any one of these persons, I give my consent to them to act in my behalf. I understand that Chester Christian Center A/G church will not be responsible for medical expenses incurred solely on the basis of this authorization.***

***I, the undersigned, being the parent or legal guardian of the child named above, do hereby consent to the participation of my child in all the activities of Chester Christian Center A/G Church in Chesterland, Ohio. I agree that all the above statements and information are true.***

X \_\_\_\_\_

Signature of Parent or Guardian

Date Signed