



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

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