



## **Student Activities Consent Form**

Date: \_\_\_\_\_

Student Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Name of Parent / Guardian(s): \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_, State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home -or- Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

### **Additional Emergency Contact Person**

Name: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_

Home -or- Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

### **Medical Information**

Is your Student currently being treated for an injury, sickness taking any medication?

☐ YES ☐ NO If yes, please explain: \_\_\_\_\_

Does your Student have or have they ever had any of the following? (Please check all that apply)

☐ Asthma ☐ Hay Fever ☐ Kidney Disease ☐ Diabetes ☐ Heart Murmur

☐ Seizure Disorders ☐ Others: \_\_\_\_\_

Please Explain: \_\_\_\_\_

Does your Student sleep walk? ☐ YES ☐ NO Student's Blood Type: \_\_\_\_\_

Does your Student have a physical handicap or illness that would prevent them from participating in normal rigorous activities?

☐ YES ☐ NO If yes, please explain: \_\_\_\_\_

### Consent & Certification

I, the undersigned, being the parent &/or legal guardian of the Student named above, do hereby consent to the participation of my Student in all the scheduled youth activities of **APOSTOLIC FAITH &/or affiliated Camps, Conferences, Retreats, Rallies & such** supervised activities that are customarily associated with this Student Ministry including overnight or weekend trips. Further, I certify that my Student is physically fit and adequately prepared to participate in all recreational and sporting events. If I wish to revoke this consent for any reason, I will promptly notify the Student Staff Department in writing.

**Note to Parent:** If giving consent for one activity only, or if this consent is other wise restricted, please specify: \_\_\_\_\_

### Medical Treatment Authorization

I understand that I will be notified in the case of a medical emergency. However, in the event that I cannot be reached, I authorize the calling of a Doctor and the providing of necessary medical services in the event that my Student is injured or becomes ill. I authorized one or more of the following persons to make emergency medical care decisions on behalf of my Student, if required by law or a health care provider: \_\_\_\_\_, \_\_\_\_\_, another adult chaperone designated by the pastor, and \_\_\_\_\_.

**Note to Parent:** you may add or delete a name as desired.

I authorize these persons to act in my place to consent to all necessary and appropriate x-ray examinations, anesthetic, medical or surgical diagnosis or treatment and hospital care.

I understand that **Apostolic Faith** will not be responsible for medical expenses incurred solely on the basis of this authorization. I further agree to notify the Student Department in writing of any health changes that would restrict my Student's participation in any normal Youth Activities. I also understand that the Student Staff Members and designated Adult Chaperones reserve the right to restrict my Student from participating in any activities that they do not feel is within the physical capabilities of my Student.

\_\_\_\_\_  
**Signature of Parent or Guardian**

\_\_\_\_\_  
**Date**

### Student Pledge

I hereby pledge to uphold all policies of IMPACT Student Ministries Department during all activities and all Student trips. I pledge to follow all instructions of the Staff and or Adult Chaperones, including the following: safety instructions, no worldly music, modest attire, no visiting dorms of the opposite sex, no weapons.

\_\_\_\_\_  
**Signature of Parent or Guardian**

\_\_\_\_\_  
**Date**