

2008 PARENTAL CONSENT, CERTIFICATION, MEDICAL AUTHORIZATION, AND PROMOTIONAL RELEASE

New Life Assembly, 2715 W. 39th, Kearney, NE 68845

Parents and legal guardians of minor children (18 years of age and under) are asked to complete this form and return it to the church. The information requested is designed to assist the church in providing for the safety of minors during church sponsored activities.

General Information (please print)

Child's Name _____ Date of Birth _____

Father's Name _____ Mother's Name _____

Child's Address _____

Home Phone No. _____ Parent's Work Phone No. _____

Parent Cell No. _____

Family Doctor _____ Dr. Phone No. _____

Consent and Certification

I, the undersigned, being the parent or legal guardian of the child named above (the "child"), do hereby consent to the participation of my child in all of the regularly scheduled activities of: Sunday School or Children's Church or Missionette or Royal Ranger or Youth group programs of New Life Assembly, 2715 W. 39th, Kearney, NE 68845, January 1, 2008 through January 31, 2009 including field trips, class parties, campouts, swimming, boating, skiing, hiking, fishing, sporting events and any other activities customarily associated with a church children's or youth program. Further, I certify that my child is physically fit and adequately trained to participate in such events, including swimming, (except as noted below).

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 yes, please explain) _____



Is your child allergic to any type of medication? Yes _____ No _____ (if yes, please explain) _____



Does your child have (or has ever had) any of the following: (circle, and explain below)

Seizure disorders
Diabetes

Asthma
Hay Fever

Heart disease
Kidney disease



Does your child have allergies other than medical? Yes _____ No _____ (if yes, please explain)



Does your child ever sleep walk? Yes _____ No _____



Can your child swim? Yes _____ No _____



Does your child have any physical handicap or illness which would prevent him/her from participating in normal rigorous activity? Yes _____ No _____ (if yes, please explain) _____

Medical Treatment Authorization

I understand that I will be notified in the case of a medical emergency involving my child. 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 my child is injured or becomes ill. I authorize and give my consent to the Children’s Department and Youth Department Directors or properly appointed staff member of such departments of New Life Assembly to make emergency medical care decisions on behalf of my child, if required by law or a health care provider. I understand that New Life Assembly will not be responsible for medical expenses incurred solely on the basis of this authorization.

I agree to notify New Life Assembly in the event of any health changes which would restrict my child’s participation in any normal youth or children’s activities. I also understand that the adult supervisors reserve the right to restrict my child from any activity that they do not feel is within the physical capabilities of my child.

(Signature of Parent/Guardian)

(Date)

Promotional Release

I hereby consent to the use of any videotapes, photographs, slides, audiotapes, or any other visual or audio reproduction in which my child may appear by New Life Assembly. I understand that these materials are being used for promotion of the children and youth ministries of New Life Assembly, which includes recruitment and fund-raising efforts. I release New Life Assembly from any liability connected with the use of my child’s picture or voice recording as part of any promotional, recruitment, or fund-raising program.

(Signature of Parent/Guardian)

(Date)

I decline the use of any visual or audio reproduction in which my child may appear by New Life Assembly.

STATE OF NEBRASKA)

) ss.

COUNTY OF BUFFALO)

On this _____ day of _____, 2008 before me, _____, a Notary Public in and for said state personally appeared _____, known to me to be the person who executed the within agreement and acknowledged to me that he/she executed the same for the purposes therein stated.

Notary Public

[Notary Seal]