Westwood Student Ministries
Child Protection First!

Parental Consent, Certification, and Medical Authorizations for 20__ Calendar Year

Child's Name:_____Date of Birth:_____

Address:_____

City:_____State:_____Zip:_____Home #:_____

Parent's/Guardian's name:_____

Address:_____

City:_____State:_____Zip:_____Home #:_____

If Emergency, please notify:_____Phone:_____

Family Physician:_____Phone:_____

Insurance Company:_____Policy #:_____

Policy Holders name:_____

Policy Holders date of birth: _____

❖❖❖❖❖❖❖**Please attach copy of insurance card**❖❖❖❖❖❖❖

Medical History

Immunizations are up to date (circle one): Yes or No

Allergies: Food:_____Poison sumac, oak or ivy:_____

Insect stings/bites:_____Penicillin/Antibiotic:_____

Medical History/Medical Conditions: _____

Any current medications:_____

❖❖❖Permission for Photo Release ❖❖❖

Westwood Student Ministry includes photos of students on our church website (gowestwood.org) .
No addresses, and/or telephone numbers of students will ever be used, occasionally a first name only may be used.

_____I hereby give permission for Westwood to use photos on the church web.

_____I do not give permission for Westwood to use photos on the church web.

Permission to Participate in Westwood Church Activities

As the parent (or legal guardian), I the undersigned, certify that my child, named above, has my express permission to participate in all activities, of any nature, sponsored by Westwood Church for the 20__ calendar year.

Assumption of Risk

I acknowledge that there are certain risks associated with participation in any activity or program, including transportation accidents, injuries, loss of personal items, criminal actions beyond the control of Westwood Church, or other harm that may occur to my child. I assume the risk associated with such activities and release Westwood Church of any liability for such.

Dispute Resolution Agreement

Westwood Church believes that the Bible commands Christians to make every effort to live at peace and to resolve disputes with each other in private or within the Christian church (see Matthew 18:15-20; 1 Corinthians 6:1-8). Therefore, any dispute, not otherwise released or for which the risk was not assumed, arising from or related to allegations by or against workers, employees, volunteers, church members or their families, will be submitted to biblically based conciliation in accordance with the *Rules of Procedure for Christian Conciliation* of the Institute for Christian Conciliation, a division of Peacemaker Ministries. That forum provides the best opportunity for resolving issues in a fair manner while seeking to preserve or restore the relationships fractured by the dispute and allowing the Church to continue its ministry to all people. (A complete text of the Rules is available at http://www.hispeace.org/htm/geticrul.htm.)

In Case of a Medical Emergency

It is my understanding that a church representative will attempt to notify me in case of a medical emergency involving my child. If the church cannot reach me, then I authorize the church representative to hire a doctor or other health-care professional, and I give my permission to the doctor or other health-care professional to provide the medical services he or she may deem necessary. I will pay for any medical expenses so incurred. I will notify the church if I feel there are any health considerations that would prevent my child's participation in an activity. I also give my permission for church leaders to restrict my child from participation in any activity, which they have any question about for health or other reasons.

_____ _____

Signature of Parent or Legal Guardian Date

Please Notarize:

State of_____County of_____

Subscribed and sworn to (or affirmed) before me this_____day of_____20__.

Please attach a copy of your Health Insurance Card.

_____

Notary Public

My Commission Expires:_____