



Parental Consent, Certification, and Medical Authorization

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

Father Name \_\_\_\_\_ Mother Name \_\_\_\_\_
Home Phone \_\_\_\_\_ Home Phone \_\_\_\_\_
Work Phone \_\_\_\_\_ Work Phone \_\_\_\_\_
Cell Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Doctor's Name \_\_\_\_\_
Chart # \_\_\_\_\_ Telephone \_\_\_\_\_

Name of Insured \_\_\_\_\_ Carrier \_\_\_\_\_ Policy # \_\_\_\_\_

Known Allergies \_\_\_\_\_

List any medications or drugs taken regularly \_\_\_\_\_

LOCAL relative or friend to notify in case of an emergency (if we cannot locate parent):

Name \_\_\_\_\_ Telephone \_\_\_\_\_

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 the 3Circle Church for the calendar year January 1, \_\_\_\_\_ through December 31, \_\_\_\_\_. Knowing that 3CC will always try to act responsibly, I fully release 3Circle Church, its authorized representatives and staff from all liability of any kind and character upon any claim, demand, or cause of action which might be asserted in our behalf against said church, representative or staff.

It is my understanding that the church will attempt to notify me in case of a medical emergency involving my child. If the church cannot reach me, then I authorized the church 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

State of Alabama: County of Baldwin:

Notary Seal

Subscribed and sworn to before me on this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

NOTARY PUBLIC: My commission expires \_\_\_\_\_