

# INCREASE

Parental Consent/Authorization Form

Youth name:	Age: Birthday:	Grade: School:
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Address:	Youth phone number: Youth email:
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Parent/guardian name:	Parent/guardian phone number: Parent/guardian email:
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I, \_\_\_\_\_ (parent/guardian of youth indicated above), give my consent for one year from today, \_\_\_\_\_ (today's date), to participate in INCREASE Youth Ministry activities, including regular scheduled meeting times, and travel involved for monthly or additional events outside of regular programming. I understand that my child will be adequately supervised. I also represent that my child is physically fit (except as noted below) and has the necessary skills to safely participate in activities.

I would like to exempt my child from these activities: \_\_\_\_\_, unless I have signed additional authorization medical forms per specific activity.

**Medical Treatment Authorization**

It is my understanding that the INCREASE Youth Ministry will attempt to notify me in the case of a medical emergency involving my child. If the volunteers/leadership of INCREASE Youth Ministry cannot reach me, then I authorize the INCREASE Youth Ministry to hire a doctor or other health-care professional, and I give my permission for the doctor or other health-care professional to provide the medical service he/she may deem necessary. I will pay for any medical expenses so incurred. I will notify the INCREASE Youth Ministry if I feel there are any health considerations that would prevent my child's participation in any activity.

Please list any known allergies/medical conditions which may affect your child's participation and/or treatment:

\_\_\_\_\_

Health Insurance Company:	Policy number:
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Emergency Contact Name:	Phone number:
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Emergency Contact Name:	Phone number:
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I also give my permission for the INCREASE Youth Ministry volunteers/leadership to restrict my child from participating in any activity which they have questions/concerns about for health or other reason.

Parent/Guardian Signature:

\_\_\_\_\_ date: \_\_\_\_\_