

Medical Consent Form

Parental Consent Form

Student's Name _____ Email _____

(Last) (First) (MI)
Home Phone (____) _____ Cell (____) _____

Address _____ City/State _____ Zip _____

Emergency contact person _____ Relationship _____

(Last) (First)
Home Phone (____) _____ Work (____) _____ Cell (____) _____

Alternate Cell (____) _____

Family Doctor _____ Phone _____

Health Insurance Company _____ Policy # _____

Date of Birth ____/____/____

Blood Type _____

Last Tetanus ____/____/____

Swimming Restrictions: Yes / No

Physical Restrictions: Yes / No

Current Medications: _____

Please check and explain any applicable conditions

___ Allergies _____
___ Drug _____
___ Food _____
___ Insect _____
___ Asthma _____
___ Diabetes _____
___ Epilepsy / Nervous System Disorder _____
___ Heart Condition _____
___ Stomach upsets _____
___ Other _____

I (please print) _____ as parent / legal guardian of the above name child do hereby authorize the youth staff of Christ the King Church to consent on behalf of my child to any X-ray, anesthetic, medical, or surgical diagnosis of treatment and hospital care which is deemed advisable under the supervision of a licensed physician or surgeon. I further give my consent for my child to participate in all youth activities related to Christ the King Church including the transportation of my child to and from such events. I further release Christ the King Church from any claims out of an injury to my child, except to the extent and in the amount covered by accident or liability insurance.

Parent /Legal Guardian Signature _____ Date ____/____/____

Address _____ City/State _____ Zip _____
(If different from above) Email _____

Home Phone (____) _____ Work (____) _____ Cell (____) _____

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