

## Parental Consent and Medical Authorization

Please print legibly and fill out this form completely.

STUDENT'S NAME: \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_ BIRTHDATE: \_\_\_\_/\_\_\_\_/\_\_\_\_

CITY, STATE, ZIP: \_\_\_\_\_ SCHOOL GRADE: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

PARENT'S OR LEGAL GUARDIAN'S NAME: \_\_\_\_\_

DAY PHONE: \_\_\_\_\_ EVE. PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

As the parent / legal guardian) of \_\_\_\_\_  
(student's name)

I understand that my child will be participating in a number of activities which carry with them a certain degree of risk. Some of the activities are swimming, boating, hiking, camping, field trips, sports, & other activities which the church may offer. I consent for my child to participate in these activities, and understand that the church cannot be held responsible for illnesses resulting from participation or Corona virus transmission. Initials: \_\_\_\_\_

I also represent that my child is physically fit and has the necessary skills to safely participate in these activities. Particularly, I state that my child can ☐ or cannot ☐ swim (check one) and shows no evidence of illness. Initials: \_\_\_\_\_

I also understand and give consent for my child to travel to and from these events in transportation provided by volunteer drivers and that COVID 19 protocols will be followed by my child during travel and during the activity. Initials: \_\_\_\_\_

I also give Faith Covenant Church permission to photograph my student while he/she participates in FCC activities and will allow these photos to be used for promotional purposes, including the church's website and Facebook pages. I understand that if I wish to rescind these permissions, I will contact Faith Covenant Church in writing to do so. Initials: \_\_\_\_\_

### MEDICAL TREATMENT AUTHORIZATION

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 authorize the church to hire a doctor or other healthcare professional, and I give my permission to the doctor or other healthcare 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 any activity for the sake of their health or safety.

I also give my permission for the church's children &/or youth leaders to restrict my child from participation in any activity for the sake of their health or safety.

MEDICAL INSURANCE COMPANY: \_\_\_\_\_ POLICY/GROUP #: \_\_\_\_\_

PRIMARY CARE PHYSICIAN: \_\_\_\_\_ PHONE #: \_\_\_\_\_

ALLERGIES, MEDICATIONS, AND OTHER HEALTH CONSIDERATIONS: \_\_\_\_\_

I have read and understood the COVID -19 guidelines for FCC vehicles and ministries as stated on the back of this form. I affirm that my child is in good health and will follow all stated protocols.

PARENT / LEGAL GUARDIAN'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

## FAITH COVENANT CHURCH VEHICLE USE GUIDELINES

### COVID-19 Guidelines for the use of FCC motor vehicles and ministries

1. Masks are required for every person entering the vehicle and should remain on during travel.
2. No admittance if passengers or drivers recently (within past 14 days) had or have any of the following physical symptoms:
  - a. Elevated temperature (above 100.4 degrees),
  - b. Headache,
  - c. Sore throat,
  - d. Body aches,
  - e. Known exposure to anyone having been confirmed to be positive for COVID-19 (unless symptom free for 14 days after self - quarantine).
3. Social distancing is expected as much as possible during travel.