

DECATUR CHURCH OF CHRIST

PARENT/GUARDIAN CONSENT FORM

Each student is expected to conform to the following rules of conduct:

- No possession or use of alcohol, drugs, or tobacco
- No fighting, weapons, fireworks, lighters or explosives
- No offensive or immodest clothing
- No boys in girls' sleeping quarters and no girls in boys' sleeping quarters
- Participation with the group is expected
- Respect property, one another, staff, and adult leaders
- Respect and comply with event schedules



Students who fail to comply with these expectations may be sent home at their parent's expense.

Having read and agreeing to the rules of conduct listed above, I hereby give consent for _____ to participate in events sponsored by the Decatur Church of Christ. In case of an emergency and the unlikely event that I cannot be reached, I hereby authorize adults of the Decatur Church of Christ to secure the necessary medical treatment at any registered hospital, clinic or doctors office as needed. I hereby relieve Decatur Church of Christ and its directors, supervisors and sponsors from any and all liabilities for any and all sickness, accidents and injuries and/or any other cause whatsoever while in attendance at a Decatur Church of Christ sponsored event.

Further, as a parent or guardian of the minor named above, I do hereby expressly consent that the minor named above may receive emergency medical treatment from any physician, hospital or other medical center without the necessity of first notifying me and do further agree to hold blameless any physician, hospital or other medical center for rendering such services.

Signature of parent/guardian: _____ **Date:** _____

***Please enclose a copy of your health insurance card (Both sides if applicable)**

MEDICAL INFORMATION

Student Medical History and Information:

Allergies Medical Conditions or Special Needs:

Current Medication: _____

Doctor: _____ Telephone: _____

Insurance Company: _____

Insurance Policy Number: _____

Telephone numbers where you might be reached in case of emergency:

Home # _____ Cell # _____ Work or Other # _____

Please list two relatives or friends to contact in the unlikely event that you could not be reached during an emergency.

1. _____

2. _____

***Don't forget to enclose a copy of your health insurance card**