



# Water Day - July 27 - 10am-2pm

Parental Consent, Certification and Medical Release: 3rd & 4th Grade

As the parent (or legal guardian) of \_\_\_\_\_,  
I certify that I have been informed that, as a part of Adventure Christian Church and Adventureland in Roseville, California, my child will be participating in water day at Adventure Christian Church, which I consent for my child to attend.

## Specific Info: (please Print Clearly)

Name: \_\_\_\_\_ Grade (fall 2010): \_\_\_\_\_ Male Female  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP \_\_\_\_\_  
Parent or Guardian: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell 1: \_\_\_\_\_ Cell 2: \_\_\_\_\_  
Parent Email: \_\_\_\_\_

## Emergency Contact Information:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone Contact: \_\_\_\_\_

## Health Record:

Date of Last Tetanus Shot: \_\_\_\_\_  
Check if Child has had:  Heart Trouble  Asthma  
 Rheumatic Fever  Epilepsy  Diabetes

Is child allergic to any medication? \_\_\_\_\_

Is There any additional Health information that would assist in providing care for your child? \_\_\_\_\_

## Healthcare information:

Physician's Name: \_\_\_\_\_ Effective Date: \_\_\_\_\_  
Health insurance Company: \_\_\_\_\_  
Subscriber/account number: \_\_\_\_\_  
Coverage: \_\_\_\_\_ (HMO, PPO, etc.)  
Member Services Phone Number: \_\_\_\_\_

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, I authorize 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 any of the activities listed.

I also give my permission for church leaders to restrict my child from participation in any activity that they have any question about for health or other reasons.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Photo Release:

It is my understanding that the church may take digital pictures of my child, and I understand that the church may publish those pictures on the church web site, or may use them in power point presentations.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_