

KID'S NIGHT CONSENT FORM

Name of Youth _____ Birth date _____
Name of parent(s) or guardian(s) _____
Address _____
Home telephone _____ CELL PHONE: _____
Other person and/or number to call in emergency _____

ANY FOOD ALLERGIES? _____ If yes, please list all _____

PERSONS DESIGNATED TO PICK UP CHILD _____

Medical Information

Is your youth presently being treated for an injury or sickness or taking any medication? Yes _____ No _____
If yes, please explain. _____

Does your youth have, or has your youth ever had, any of the following? (Circle and explain below.)

Asthma	Hay fever	Kidney disease
Diabetes	Heart murmur	Seizure disorders

Please explain. _____

Does your youth ever sleepwalk? Yes _____ No _____

Youth's blood type _____ (if known)

Does your youth have a physical handicap or illness that would prevent him or her from participating in normal rigorous activity? Yes _____ No _____ If yes, please explain. _____

Family Doctor _____ Doctor's Telephone (_____) _____
Insurance Co. _____ Policy No. _____

Consent and Certification

I, the undersigned, being the parent or legal guardian of the youth named above, do hereby consent to the participation of my youth in all the scheduled youth and kid's night activities of House of Prayer Church of Post Falls, Idaho, and any other supervised activities customarily associated with its Kid's Night activities. I certify that my youth is physically fit and adequately prepared to participate in all recreational events. If I wish to revoke this consent for any reason, I will promptly notify a Kid's Night leader in writing.

Note to Parent: If giving consent for one activity only, or if this consent is otherwise restricted, please specify:

Medical Treatment Authorization

I understand that I will be notified in the case of a medical emergency. However, in the event that I cannot be reached, I authorize the calling of a doctor and the providing of necessary medical services in the event that my youth is injured or becomes ill. I authorize one or more of the following persons to make emergency medical care decisions on behalf of my youth, if required by law or a health care provider: Kimberlee Burke, Kenneth Carroll or another adult chaperone designated by the activity leader. I authorize these persons to act in my place to consent to all necessary and appropriate x-ray examinations, anesthetic, medical or surgical diagnosis or treatment, and hospital care.

I understand that House of Prayer will not be responsible for medical expenses incurred solely on the basis of this Authorization. I further agree to notify the youth director in writing of any health changes that would restrict my youth's participation in any normal youth recreational activities. I also understand that the activity leader and designated adult chaperones reserve the right to restrict my youth from any activity that they do not feel is within the physical capabilities of my youth.

Signature of Parent or Guardian _____

Date _____

*****ALL children must be pre-registered to ride in our carpool if they wish to have a ride home. All children in the registered carpool will be brought home between 10:05pm and 10:25 pm. Only persons listed as a "designated person to pick-up child" will be able to sign for the return carpool home and needs to be present between 10:05 and 10:25 pm when the child(ren) are brought home. All children not riding in the carpool need to be picked up by 10:10pm. Initials of parent or guardian. _____