

# Ignite Activities Consent Form

Name of young person \_\_\_\_\_ Birth date \_\_\_\_\_

Name of parent(s) or guardian(s) \_\_\_\_\_

Address \_\_\_\_\_

Home telephone \_\_\_\_\_ Work telephone \_\_\_\_\_ Mobile \_\_\_\_\_

Other person and/or number to call in emergency \_\_\_\_\_

## 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? (Please check all that apply.)

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 disability 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: \_\_\_\_\_

## 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 activities of King's Lynn Christian Fellowship Church, and any other supervised activities customarily associated with its youth group, including youth rallies and overnight or weekend youth trips and may travel on the church minibus to such events.

Further, I certify that my youth is physically fit and adequately prepared to participate in all recreational and sporting events. If I wish to revoke this consent for any reason, I will promptly notify the youth leader in writing. **Note to Parent:** If giving consent for one activity only, or if this consent is otherwise restricted, please specify: \_\_\_\_\_

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**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 authorise the calling of a doctor and the providing of necessary medical services in the event that my youth is injured or becomes ill.

I authorise 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: the youth leaders, another adult chaperone designated by the pastor. (**Note to Parent:** you may add or delete a name as desired.)

I authorise these persons to act in my place to consent to all necessary and appropriate x-ray examinations, anaesthetic, medical or surgical diagnosis or treatment, and hospital care.

I understand that KLCF will not be responsible for medical expenses incurred solely on the basis of this authorisation. I further agree to notify the youth leaders in writing of any health changes that would restrict my youth's participation in any normal youth activities. I also understand that the youth leaders 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.

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**Signature of Parent or Guardian****Date****Young person Pledge**

I hereby pledge to uphold all policies of the Youth Department of King's Lynn Christian Fellowship. During all youth activities and all youth trips, I pledge to follow all instructions of the youth leader and the adult chaperones, including safety instructions.

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**Signature of Young person****Date**