



Parental Consent Form

Please complete & return to the church office.

Note: One form is needed for each person!

Emergency Medical Authorization

This medical emergency form must be signed by parent or guardian and accompany the youth who wishes to participate in any Bridge Youth activity or trip from **January 1, 2026 - December 31, 2026**. The purpose of the form is to make it possible for parents or guardians to authorize the provision of medical treatment for minors who become ill or injured while under church authority. I understand that it is the parents responsibility to inform the church of any changes in medical treatment, insurance or medications taken. I hereby release Bridge Church of the Assemblies of God, Waukesha/Oconomowoc, WI, its staff and sponsors, from any liability for any injury or illness that my child may sustain during activities. I hereby authorize an adult leader of these activities, as agent for me to consent to any X-ray examination, medical, dental or surgical diagnosis, treatment and hospital care advised and supervised by a physician, surgeon or dentist (as appropriate) licensed to practice under the laws of this state where the services are rendered, either at a doctor's office or in a hospital. I expect to be contacted as soon as possible.

I, _____ of _____
(Parent's Name, please print) (Street, City, State, Zip, please print)

am the _____ of _____ (male / female),
(Relationship, please print) (Child's Name, first / last, please print)

a minor who is attending an event for Bridge Church of the Assemblies of God, Waukesha/Oconomowoc, WI. I hereby give my consent in the event that all reasonable attempts to contact me at

_____ or _____ at _____ have been
(phone) (other parent / guardian) (phone)
unsuccessful, for the administration of any treatment deemed necessary by the appropriate licensed physician, dentist, or emergency personnel of the hospital.

Family Doctor/Pediatrician _____ Phone: _____

The following information is needed by any hospital or practitioner not having access to the child's medical history (use the reverse side if necessary).

Allergies: _____

Medication being taken currently (parent's responsibility to inform the church office of any changes): _____

Date of birth: _____ Date of last Tetanus shot: _____

Physical impairments (heart, epilepsy, etc): _____

Other pertinent facts to which physician should be alerted: _____

Medical Insurance: Yes _____ No _____

Insurance Company: _____ Policy Number: _____

Date: _____ Signature of Parent or Guardian: _____

***Please turn over, read and sign the back of this form.**

Other Medical Information

Disciplinary Agreement

I understand that while my child participates in church sponsored activities, he/she is responsible to abide by the rules set forth by the church, its leaders and supervisory personnel. Any serious infraction of these rules and/or lack of cooperation with leadership by the child can result in dismissal from the event. If _____ is dismissed from the event, I agree to assume the cost of
(child's name, please print)
returning him/her home, and any damages which may have been caused by my child.

Date _____

Parent Signature _____

Child Signature _____