



## Parental Consent/ Health Form

Lakewood Church/ IGNITE



Child's Name (Last) (First) M/F (circle one) Date of Birth

Address City State Zip Home Phone

Parent's Name (Last) (First) Emergency Phone #1 Name

Address (if different from child's) Emergency Phone #2 Name

Health Insurance Co. Contract # Plan Code Group #

Primary Care Physician Name: Phone:

has permission to attend any event for the 2025/2026 school year

*As the parent or legal guardian of this child, I hereby consent for my child to be transported to and attend the events through IGNITE/Lakewood Church*

**IN AN EMERGENCY** I grant permission to Lakewood Church and its representatives to secure emergency medical/dental or surgical treatment and routine, nonsurgical medical care for the minor named on this form while participating in any church trip/activity. I certify the information is correct to the best of my knowledge.

I agree to abide by the rules, as stated, and will endeavor to be a responsible and willing participant in the activities throughout the entire trip. Failure to do so could mean expulsion from the group and forfeiture of all fees including parent may be asked to pick child up early from event. Further, I give my permission for photographs of me (my child) to be used for publicity.

**Parent/Guardian Signature** Date

**Child Signature** Date

### MEDICATIONS

Kind What For Frequency Dosage to be taken while on trip?

PERMISSION TO GIVE TYLENOL? Yes No

### ADDITIONAL MEDICAL INFORMATION

Special conditions to watch for, such as allergies (reactions to food, penicillin, other drugs), fainting, etc. Continue on back if needed