

2013 South Central Region JBQ Festival

PARENTAL CONSENT FORM

General Information (please print)

Child's Name: _____ Grade: _____

Date of Birth: _____

Father/Guardian's Name: _____ Mother/Guardian's Name: _____

Child's Address: _____

Home Phone No.: _____ Work Phone No.: _____

Cell Phone No.: _____

Parent/Guardian E-mail Address: _____

Family Doctor Dr. Phone No.: _____

Insurance Company Covering Child Policy Number: _____

Consent and Certification

We, the undersigned, being the parents or legal guardians of the child named above (the "child"), do hereby consent to the participation of our child in the activities of the 2012 National JBQ Festival, including quiz matches, services, and any other activities customarily associated with a children's program. Further, we certify that our child is physically able to participate in such events.

We do NOT authorize our child to participate in any of the following activities:

Medical Questionnaire

- Is your child presently being treated for an injury or sickness or taking any form of medication for any reason? Yes _____ No _____ (if yes, please explain)

- Does your child require a special diet? Yes _____ No _____ (if yes, please explain)

- Is your child allergic to any type of medication? Yes _____ No _____ (if yes, please explain)

- Does your child have (or has ever had) any of the following: (circle, and explain below)

Seizure disorders | Asthma | Heart murmur | Diabetes | Hay Fever | Kidney disease

- Does your child have any allergies other than medical (including food)? Yes_____ No_____ (if yes, please explain)
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- Does your child have any physical condition or illness which would prevent him/her from participating in normal, rigorous activity? Yes_____ No_____ (if yes, please explain)
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Medical Treatment Authorization

We understand that we will be notified in the case of a medical emergency involving our child. However, in the event that we, or either of us, cannot be reached, we authorize the calling of a doctor and the providing of necessary medical services in the event our child is injured or becomes ill. We authorize any one or more of the following persons to make emergency medical care decisions on behalf of our child, if required by law or a health care provider:

Any Official JBQ Festival Staff or Volunteer Team Member

We understand that the National JBQ Festival and the General Council of the Assemblies of God, or any of their agents, employees, or volunteers, will not be responsible for medical expenses incurred on the basis of this authorization.

We agree to notify the National JBQ Festival and the General Council of the Assemblies of God in the event of any health changes which would restrict our child's participation in any activities. We also understand that National Festival and General Council representatives reserve the right to restrict our child from any activity that they do not feel is within the physical capabilities of our child.

(Signatures of Parents/Guardians)

(Date)

(Signatures of 2 adult witnesses)

(Date)