



Parental Consent and Medical Information Form
 Gateway Church, 260 Cowan Rd, Parkesburg, PA 19365
 610-857-0720
 For Calendar Year 2010



Student's First Name _____ M.I. _____ Last Name _____

Address _____ City _____ Zip _____

Medical Information:

Does your teen have an allergic reaction to penicillin? _____ To bee stings, bites, etc.? _____

To other medicines? _____ If yes, which ones? _____

Other Allergies? _____

Is there any medical information you feel we should have concerning your teen? _____

Emergency Numbers:

Doctor's Name _____ Phone () _____

Parent/Guardian's Name _____ Phone () _____

Place of Work _____ Phone () _____

Secondary Contact Name _____ Phone () _____

Insurance Carrier _____ ID # _____

Phone () _____ Other numbers/info _____

* Attendance at all outings is a privilege contingent upon the cooperation of each young person. Moral and decent standards of conduct including dress and attitude are expected from each teen. I authorize the church leaders of Gateway Church and/or the adult youth leaders to act as disciplinarians on our behalf for the welfare of our teenager. If our teenager requires disciplinary action due to improper conduct, I agree to come and get him or her at my own expense.

* When it is deemed necessary for my son/daughter's health, even if the teen refuses, the leaders may have my son/daughter hospitalized or use outside medical, surgical, dental aid, or medical transportation in which case all such expenses shall be paid for by me. I know I will be contacted as soon as possible. I authorize the medical personnel to provide all necessary treatment.

* I release all liability from the leaders of Gateway Church and the church itself.

* This form is active anytime the above student is attending a Gateway Student Ministries activity or trip.

* I give my consent for my son/daughter to participate with Gateway Student Ministries.

Parent/Guardian _____ Date ____/____/____

* I agree to do my best to cooperate and be joyful during all activities. I realize it is a privilege to participate and I will submit to any decision the leaders make on my behalf, given that I am first following the Lord.

Student Signature _____ Date ____/____/____