

PARENTAL CONSENT FORM

Name _____ Age _____ Birthdate _____
Address _____ Phone # _____
City/State/Zip _____
School _____ E-mail _____

To whom it may concern:

We (I) hereby give permission for (name) _____ to attend and participate in the _____ sponsored by Community Church on _____.

We (I) authorize an adult, in whose care (name) _____ our child has been entrusted, to consent to any x-ray examination, anesthetic, medical, surgical or dental diagnosis or treatment, and hospital care, to be rendered to the minor under the general or special supervision and on the advice of any physician or dentist licensed under the provisions of the Medical Practice Act on the medical staff of a licensed hospital, whether such diagnosis or treatment is rendered at the office of said physician or at said hospital.

The undersigned shall be liable and agree(s) to pay all costs and expenses incurred in connection with such medical and dental services rendered to the aforementioned child pursuant to this authorization. Should it be necessary for our (my) child to return home due to medical reasons or otherwise, the undersigned shall assume all transportation costs.

The undersigned does hereby give permission for our (my) child to ride in any vehicle designated by the adult in whose care the minor has been entrusted while attending and participating in activities sponsored by Community Church.

Participant's signature

Date

Parent/Guardian signature

Date

Business phone

Medical Insurance Information:

Insurance Carrier _____ Policy # _____

In the event parents cannot be reached, please contact:

Name _____ Phone _____