

# Parental Consent Form

Child's Name: \_\_\_\_\_ Age: \_\_\_\_\_ Birth date: \_\_\_\_\_

Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_

Father: \_\_\_\_\_ Business Phone: \_\_\_\_\_

Mother: \_\_\_\_\_ Business Phone: \_\_\_\_\_

## To Whom it May Concern:

The undersigned hereby gives permission for our (my) child, \_\_\_\_\_,  
To attend and participate in \_\_\_\_\_,  
Sponsored by \_\_\_\_\_ ("the Church") on \_\_\_\_\_,  
200\_\_\_\_, and relieve(s) the Church of all liability in the event of an accident.

We (I) authorize \_\_\_\_\_,  
Or any adult, in whose care the minor 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 cost 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 do(es) also 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 the Church.

Said minor is covered by hospitalization insurance: \_\_\_\_\_ YES \_\_\_\_\_ NO  
Insurance Company: \_\_\_\_\_

Policy Number: \_\_\_\_\_ Emergency Phone: \_\_\_\_\_

Allergies: \_\_\_\_\_

Special Medications: \_\_\_\_\_

Participant's Signature, if 12 years or older: \_\_\_\_\_

Parent's or Guardian's Signature: \_\_\_\_\_

Parent's or Guardian's Signature: \_\_\_\_\_