

Parental Consent Form

(anyone under 18 years of age and without a parent)

Child's Full Name: _____ Age: _____ Birth date: _____
Complete Home Address: _____
Phone: _____ Cell Phone: _____
School: _____ Grade in or just completed: _____
Dad's Name: _____ Cell #: _____ Work: _____
Mom's Name: _____ Cell #: _____ Work: _____

To whom it may concern:

The undersigned do hereby give permission for our (my) child, _____,
(name of child)
to attend and participate in activities sponsored by _____ on _____.
(name of church) (date)

We (I) authorize an 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 licensed physician or dentist.

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 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 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 participation in activities** sponsored by _____.
(name of church)

Participant	Date	Father	Date	Mother	Date
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Hospital Insurance: Yes ___ No ___
Insurance Provider: _____
Policy #: _____ Group #: _____
Name of person insurance is under: _____
Emergency Phone Number/Contact (if different than above): _____

*If you do not want your child to ride in the back of a pick-up truck while on this missions trip, please check here. _____

** If you do not want your child to swim in the ocean, when and if our group visits the ocean for a recreational outing, please check here. _____

IF NEITHER BOX IS CHECKED, WE WILL ASSUME THAT YOUR CHILD HAS YOUR PERMISSION TO PARTICIPATE IN THESE ACTIVITIES.

On the reverse side of this page, please list any allergies or special medical problems your child may have. Thank you.