

PARENTAL CONSENT FORM

NAME: _____ AGE: _____ D\O\B _____ M or F
ADDRESS: _____ PHONE: _____
CITY: _____ STATE: _____ ZIP: _____
SCHOOL: _____ GRADE: _____
FAMILY PHYSICIAN: _____ PHONE: _____

DAYTIME PHONE NUMBERS:

MOTHER'S NAME: _____ PHONE: _____
FATHER'S NAME: _____ PHONE: _____

To Whom It May Concern:

The undersigned does hereby give permission for our (my) child, named above, to attend and participate in activities sponsored by Southeast Christian Church, and hereby agrees to hold harmless Southeast Christian Church, it's staff or sponsors, in the event of an injury or accident. This agreement shall be in effect for the calendar year of 2005.

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 physician or dentist licensed under the provisions of the medical practice act, or on the medical staff of a licensed hospital, whether such diagnosis or treatment is rendered at the office of said physician or at the hospital.

The undersigned shall be liable and agrees to pay all costs and expenses incurred in connection with such medial and dental services rendered to the aforementioned minor 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 also hereby give permission for our (my) child to ride in any vehicle designated by the adult in whose care Southeast Christian Church has entrusted the minor while participating in activities sponsored.

INSURANCE INFORMATION:

HEALTH INSURANCE: YES: _____ NO: _____
INSURANCE CO.: _____ PARTICIPANT: _____
POLICY NUMBER: _____ GROUP NUMBER: _____
COMPANY NAME: _____ EMERGENCY PHONE: _____

DATE: _____
SIGNATURE(S): _____ \ _____
PRINTED NAME(S): _____ \ _____