

Parental Consent Form

First Name _____ Last Name _____
Address _____ Home Phone _____
_____ Email _____
City _____ State _____ Zip Code _____ Grade _____
School _____ Birth Date _____

Parent or Guardian Names _____
Work Phone _____ Other Phone _____

To Whom It May Concern:

The undersigned does hereby give permission for the above named child to attend and participate in activities sponsored by Youth for Christ.

Authorization is given to 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 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 agrees 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 said child to return home due to medical reasons, behavioral issues, or otherwise, the undersigned shall assume all transportation costs.

The undersigned does also hereby give permission for the said 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 Youth for Christ.

Hospital Insurance Yes No Child Signature _____ Date _____
Insurance Company _____ Mother Signature _____ Date _____
Policy Number _____ Father Signature _____ Date _____
Emergency Phone _____ Guardian Signature _____ Date _____

In the space below, please list any allergies or special medical problems or concerns your child may have, as well as any prescription medication that will need to be administered during these activities. Thank you.