Parental Consent Form

First Name	Last Name	
Address		
City		Grade
School		
Parent or Guardian Names		
Work Phone		
To Whom It May Concern:		
The undersigned does hereby give pern sponsored by Youth for Christ.	nission for the above named child	to attend and participate in activities
Authorization is given to an adult, in we examination, anesthetic, medical, surgion the minor under the general or special provisions of the Medical Practice Act of treatment is rendered at the office of same	cal, or dental diagnosis or treatmer supervision and on the advice of a on the medical staff of a licensed b	nt, and hospital care, to be rendered to ny physician or dentist licensed under the
The undersigned shall be liable and agreand dental services rendered to the afo	ees to pay all costs and expenses in rementioned child pursuant to this	ncurred in connection with such medical sauthorization.
Should it be necessary for said child to undersigned shall assume all transportat	return home due to medical reaso tion costs.	ons, behavioral issues, or otherwise, the
The undersigned does also hereby give in whose care the minor has been entru Christ.	permission for the said child to ridusted while attending and participa	de in any vehicle designated by the adult ting in activities sponsored by Youth for
Hospital Insurance Yes	No Child Signature	Date
Insurance Company		Date
Policy Number		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.