PARENTAL CONSENT FORM

Name _____ Age _____ Birth Date _____

Address _____ Phone (____) _____

City _____ State _____ Zip Code _____

School _____ Grade in or just completed _____

Parent(s) business phones _____

_____

T-Shirt Size: s m L XL XXL

To Whom It May Concern::
The undersigned does hereby give permission for our (my) child
to attend and participate in activities sponsored by Central Christian Church.

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 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 costs and expensed 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 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 participating in activities sponsored by the Central Christian Church.

Hospital Insurance Yes ☐ No ☐

Insurance Company _____

Policy Number _____

Emergency Phone Numbers _____

_____

_____
Participant Date

_____
Father Date

_____
Mother Date

_____
Legal Guardian Date

On the reverse side of this page, please list any allergies or special medical problems your child may have. Thank you.
This form will remain valid for one year from date signed.