

# PARENTAL CONSENT FORM

Activity \_\_\_\_\_

Date \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_ Birthdate (m/d/yyyy) \_\_\_\_\_  
Address \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_ Phone \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
School \_\_\_\_\_ Grade in or just completed \_\_\_\_\_  
(\_\_\_\_) \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_  
Parent(s) business/cell phones \_\_\_\_\_

To whom it my concern:

The undersigned do hereby give permission for our (my) child to attend and participate in the listed activity sponsored by Faith Evangelical Free 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 expenses 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 Faith Evangelical Free Church.

Hospital Insurance  Yes  No

Insurance company \_\_\_\_\_ Policy number \_\_\_\_\_

Physician's name \_\_\_\_\_ Physician's phone \_\_\_\_\_

Emergency phone numbers \_\_\_\_\_ Insured's Name \_\_\_\_\_

Signature of Parent or Guardian \_\_\_\_\_

Date \_\_\_\_\_

**Student/Participant Agreement:** I, as the participant, understand that while in attendance of Faith Free Youth Events, I am under the direction and authority of those leaders in charge. I also understand that the use of alcoholic beverages, illegal drugs, tobacco, fireworks, foul language, and/or abusive or lewd behavior are prohibited. These events will be run within the standards set by Faith Free Youth Directors, and I am expected as a participant to be with the group at all times. Any variance in the rules and/or regulations will result in immediate expulsion by having my parent or guardian pick me up and take me home at their expense. I understand that this is a Christian event and will include a spiritual emphasis.

I have read this entire release form and agree to its contents, and have discussed it with my parents or guardian.

Guests: Friends must also turn in this release form in order to attend. No exceptions! This form must be signed and returned. Only those who return this form properly signed can be granted permission to participate. Thank you from Faith Free Youth Staff.

Student Signature \_\_\_\_\_

Date \_\_\_\_\_