

Parental Consent Form

Name _____ Age ____ Birth Date _____ Gender _____

Address _____ Phone (____) _____

City _____ State _____ Zip code _____

School _____ Current Grade (or just completed) _____

Parent(s) cell phones _____ Relation to student: _____

_____ Relation to student: _____

Parent Email address: _____

TO WHOM IT MAY CONCERN:

The undersigned does hereby give permission for our (my) child,
_____, to attend and participate in all activities

(name of child)

sponsored by **St. Timothy Youth Ministry** from the time **Jan. 1, 2019** through **Dec. 31, 2019**.

- 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 ride in any vehicle designated by the adult in whose care the minor has been entrusted while attending and participating in activities sponsored by **St. Timothy's Youth Ministry**.

Hospital Insurance Yes ___ No ___

Insurance company _____

Policy # _____

Emergency Phone # _____

Participant Date

Father Date

Mother Date

Legal guardian Date