

## Parental Consent Form

Name \_\_\_\_\_ Age \_\_\_\_\_ Birth Date \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip Code \_\_\_\_\_ Home Phone \_\_\_\_\_

School \_\_\_\_\_ Grade \_\_\_\_\_

Parents' Phones \_\_\_\_\_ , \_\_\_\_\_

Parent's Email \_\_\_\_\_

To Whom it may concern: The undersigned does hereby give permission for our/my child (name of child) \_\_\_\_\_ to attend and participate in activities sponsored by Boynton Beach Community Church on (date(s)) \_\_\_\_\_.

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 on 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 his/her authorization. Should it be necessary for our (my) child to return home for 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 Boynton Beach Community Church.

Hospital insurance: Yes \_\_\_\_ No \_\_\_\_

Insurance Company \_\_\_\_\_ Policy Number \_\_\_\_\_

Father's name and contact number \_\_\_\_\_

Mother's name and contact number \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_