

Please complete both sides of this form

PARENTAL CONSENT FORM

Child's full name: _____

Age: _____ Birth date: _____ Home Phone: _____

Address: _____ Child's Cell Phone: _____

Parent(s) or Legal guardian(s) name: _____

Home Phone: _____ Work Phone: _____

Parent(s) Cell Phone(s): _____

TO WHOM IT MAY CONCERN:

I/we consent to this child attending and participating with Cape Bible Chapel for the following event _____

on the dates of: _____.

I/we understand approved adults will accompany our/my child. I/we will hold Cape Bible Chapel in Cape Girardeau, Missouri and the accompanying adults neither responsible nor liable for any injuries sustained physically, mentally, or emotionally arising out of any situation encountered during this trip. I/we understand that every effort will be expended to provide adequate supervision and personal safety.

Signed: _____

Date: _____

Please complete both sides of this form

MEDICAL RELEASE FORM

Child's full name: _____

Age: _____ Birth date: _____ Home Phone: _____

Address: _____ Work Phone: _____

_____ Parent(s) Cell Phone: _____

Family Physician: _____ Phone: _____

Child's Medical Insurance Provider: _____

Policy/Group Number: _____

Insurance Contact Phone Number: _____



MEDICAL HISTORY (Please check all that apply as past or current conditions)

Asthma Sinusitis Bronchitis Kidney Trouble

Hay Fever Heart Trouble Diabetes Dizziness

Stomach Problems

Other: _____

Drug Allergies: _____

List any current medications: _____

PERMISSION FOR TREATMENT:

I/we hereby give permission for this child to receive necessary medical treatment for any injury or condition that is incurred or develops during this time period by qualified medical personnel in my/our absence until such time as I/we can be contacted to grant personal consent.

Signed: _____

Date: _____