

PARENTAL CONSENT & RELEASE FORM

NAME _____ AGE _____ BIRTHDATE _____

ADDRESS _____ PHONE _____

CITY _____ STATE _____ ZIP CODE _____

SCHOOL _____ GRADE _____

PARENT(S) BUSINESS & PHONE _____

PARENT(S) EMAIL ADDRESS _____

TO WHOM IT MAY CONCERN:

The undersigned does hereby give permission for our (my) child,

to attend and participate in activities sponsored by Southview Christian Church from September 1, 2013 to August 31, 2014. We (I) authorize the group leader, 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 specific supervision and on the advice of any physician or dentist licensed under the provisions of the Medical Practice Act on the medical staff or a licensed hospital, whether diagnosis or treatment is rendered at the office of physician or said hospital.

Parent(s) Signature(s) _____ Date _____

The undersigned shall be liable and agree(s) to pay all costs and expenses occurred 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, disciplinary reasons, or otherwise, the undersigned shall assume all transportation costs.

The undersigned does hereby give permissions 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 Southview Christian Church.

Insurance: Yes ___ No ___ Participant's Signature _____

Company _____ Father's Signature _____

Policy Number _____ Mother's Signature _____

Physician _____ Legal Guardian's Signature _____

Physician's Phone _____ Date of Late Tetanus Shot _____

Emergency Phone Numbers _____

Please list below any allergies, medications, or special medical problems your child may have: