

PARENTAL CONSENT FORM

Name _____ Age _____ Birthdate ____/____/____
Month / Day / Year

Address _____ Phone () _____ - _____

City _____ State _____ Zip _____

Parent's E-mail Address _____

Parent(s) Cell Phone Numbers - Father () _____ - _____

- Mother () _____ - _____

Insurance Company _____ Policy # _____

Known allergies & medications currently taking: _____

To whom it may concern:

The undersigned does hereby give permission for my/our child to attend and participate in activities sponsored by the Outlook Christian Church NextGen Ministry.

I/We 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 my/our 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 my/our 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 Outlook Christian Church.

The undersigned does also hereby acknowledge financial responsibilities to any damages that their child may incur on church, private, or public property. I also give permission to Outlook Christian Church to use video or photos of the participant for promotional use.

It is understood that this authorization is given in advance of any such medical treatment, but is given to provide authority and power on the part of the Designated Adult after all reasonable attempts have been made to contact the parents or legal guardians, or in the event that it is not practical or feasible to contact them, in the exercise of his or her best judgment upon the advice of any such medical or emergency personnel.

Parent/Guardian Signature _____ Date ____/____/____

Person to notify in case a parent/guardian cannot be reached:

Name _____ Relationship _____ Phone () _____ - _____