

PARENTAL CONSENT FORM

Name _____ Age _____ Birth date _____

Address _____ Phone (____) _____

City _____ State _____ Zip Code _____

School _____ Grade in or just completed _____

Parent(s) business phones: _____

Parent(s) cell phones: _____

To Whom It May Concern:

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

_____, to attend and participate in the activities sponsored by Church of God of San Jose on _____ (date of event).

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. We (I) agree to release and hold harmless X-Force Student Ministries and Church of God of San Jose, and its employees and volunteers, from any claims, liabilities, actions, demands, or losses for or from any bodily injury, property damage, wrongful death, or otherwise, which may arise from provision or omission of any type of medical care or transportation to or from a treatment facility by those chosen by X-Force Student Ministries and Church of God of San Jose, to administer medical care for and/or transport Participant, and which may arise by any cause, including through the negligence or carelessness of X-Force Student Ministries and Church of God of San Jose.

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 Church of God of San Jose.

Finally, the undersigned grants Church of God of San Jose the irrevocable right (but not obligation) to use Participant's name, likeness, voice, photograph, and/or video image in program materials, highlight video, and other works, including but not limited to publications, film or video programs, Internet display, and for any other use by X-Force Student Ministries and Church of God of San Jose, in its sole discretion.

Hospital Insurance Yes No

Insurance company _____

Policy # _____

Emergency Phone Numbers _____

Participant Date

Father/Guardian Date

Mother/Guardian Date

On the reverse side of this page, please list any allergies or special medical problems your child may have. Thank you.