

Parental Consent Form

Name: _____

Age: _____ Grade: _____ School: _____ Male or Female (Circle One) M F

Address: _____

Email: _____

Daytime Phone: _____ Cell Phone (If different): _____

MEDICAL INFORMATION

Allergies, Dietary Need, Health Concerns, etc.: _____

Current Medications: _____

EMERGENCY INFORMATION

Emergency Contact: _____ Relationship: _____

Contact Phone: _____ Alternate Phone: _____

PERMISSION RELEASE

I, the undersigned, grant permission for my above named child to attend and participate in any 2018-2019 trip sponsored by **the First Baptist Church of Williamstown (FBCW)**. In case of emergency, I understand that every effort will be made to contact me. If I cannot be reached, I hereby give **FBCW** permission to act on my behalf in seeking emergency treatment for my child in the event such treatment is deemed necessary by **FBCW**. I give permission for those administering emergency treatment to do so. I absolve **FBCW** from liability in acting on my behalf in this regard so long as **FBCW** is not grossly negligent. 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 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 agrees 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 child to return home due to medical reasons or otherwise, the undersigned shall assume all transportation costs. The undersigned does hereby give permission for my child to ride in any vehicle designated by the adult in whose care the minor has been entrusted while attending and participation in activities sponsored by **FBCW**.

The undersigned represents that he/she has legal custody of the named child and has the authority to sign this authorization.

Participant Signature Parent/Guardian Signature Date