

Parental Consent Form

Name: _____ Age: _____ Date of Birth: _____

Address: _____ Phone: (_____) _____

City: _____ St. _____ Zip: _____

School: _____ Grade Level: _____

Parent's Business Phones: _____

To Whom It May Concern:

The undersigned does hereby give permission for our (my) child, _____
(Name of Child / Minor)
_____, to attend and participate in activities sponsored by _____
(Name of Church /
_____ on _____
Organization) (Date)

We (1) authorize an adult, in whose care the minor has been entrusted to consent to X-Ray examination, anesthetic, medical, surgical or dental diagnosis or treatment in hospital care, to be rendered to the minor under general or special supervision and on the advice of any physician or dentist licensed under the provisions of the Florida Medical Practice Act on the medical staff of a licensed hospital, whether surgical 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/minor 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.

The undersigned does also hereby give permission for our (my) child to ride in the vehicle designated by the adult in whose care the minor has been entrusted with during and participating in activities sponsored by _____
(Name of Church / Organization)

Hospital Insurance [] Yes [] No

Insurance Co: _____ Name of Participant _____

Policy Number: _____

Father/ Legal Guardian

Phone Number

Mother / Legal Guardian

Phone Number

Emergency Phone Numbers: _____