

FAITH BIBLE CHURCH
PARENTAL CONSENT FORM

Name of Participant: _____ Age ____ Birthdate: _____

Address: _____ Phone: _____

City, State, Zip Code: _____

Parents/Guardian Business Phone(s): _____ Cell: _____

_____ Cell: _____

To Whom It May Concern:

The undersigned does hereby give permission for my (our) child to attend and participate in any and all activities sponsored by Faith Bible Church.

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 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 (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 minor has been entrusted while attending and participating in any and all activities sponsored or attended by Faith Bible Church.

Participant: _____

Father/Guardian _____

Mother/Guardian _____

Please list any allergies:
