

# Parental Consent & Medical Release Form

Name \_\_\_\_\_

Contact Person \_\_\_\_\_

Address \_\_\_\_\_

Home Number (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

\_\_\_\_\_

Work Number (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

The undersigned does hereby give permission for our (my) child, \_\_\_\_\_  
Name of Child

to attend and participate in \_\_\_\_\_ activity this date \_\_\_\_\_. My child will be riding with \_\_\_\_\_.

We (I) authorize the above named 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 does also hereby given 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 participation in activities sponsored by listed church.

**Please Sign** \_\_\_\_\_

- Yes Hospital Insurance
- No Hospital Insurance

Participant \_\_\_\_\_

Insurance Co \_\_\_\_\_

Father \_\_\_\_\_

Policy Number \_\_\_\_\_

Mother \_\_\_\_\_

Emergency Ph No (\_\_\_\_) \_\_\_\_\_

Legal Guardian \_\_\_\_\_

Tetanus Immunization Status (within 5 years) \_\_\_\_\_

Allergies:

Medications \_\_\_\_\_

Food, Other \_\_\_\_\_

Medications to be taken:

Name

Dose

How Often

\_\_\_\_\_

\_\_\_\_\_