

Parental Consent Form

Name: _____

Age: _____

Birth date: _____

Address: _____

Phone: _____

The undersigned does hereby give permission for my (our) child, _____, to attend and participate in activities sponsored by Farmstead Baptist Church on the date(s) of _____.

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 specific 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 the 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 the minor has been entrusted while attending and participating in activities sponsored by Farmstead Baptist Church.

Hospital Ins. Yes – No

Ins. Company: _____

Policy Number: _____

Signature

Participant: _____ Date: _____

Father: _____ Date: _____

Mother: _____ Date: _____

Below or on back please list any allergies or special medical problems your teen may have and attach a copy of insurance card(s). Thank You.