PARENTAL CONSENT FORM

Name of child _____ Age _____ Birth date _____

Address _____ Home Phone _____ Mobile phone _____

City _____ State _____ ZIP code _____

School _____ Grade _____

Father's business phone _____ Mother's business phone _____

To whom it may concern: The undersigned do hereby give permission for our (my) child, _____, to attend and participate in activities sponsored by Central Christian Church.

We (I) authorize Central's Minister of Youth and Children or another authorized church representative, in whose care the minor has been entrusted, to consent to an 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, whether such diagnosis or treatment is rendered at the office of said physician or at a hospital facility.

The undersigned shall be liable and agree(s) to pay all costs and expenses incurred in connection with such medical and dental serves rendered to the aforementioned child pursuant to this authorization.

In addition to the above, we (I) authorize for our (my) 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 Central Christian Church.

Hospital Insurance _____ yes _____ no

Insurance Company _____

Policy Number _____

Physician's Name _____

_____
Father's Signature date

_____
Mother's Signature date

_____
Legal Guardian's Signature date

Emergency Phone Numbers: 1. _____ 2. _____

Relationship to participant: _____ _____

List any allergies, medicine or special medical problems your child may have:

_____

_____