

Parental Consent Form

Student Name _____ Age _____ Birthday _____

Address _____ Home Phone _____

City _____ State _____ Zip Code _____

School _____ Grade _____ Student Cell _____

Mom's Name _____

Address _____ Cell _____

City _____ State _____ Zip Code _____

Dad's Name _____

Address _____ Cell _____

City _____ State _____ Zip Code _____

In case of an emergency, an individual who can be contacted:

Name _____

Relationship to student: _____

Home Phone and Cell: _____

To Whom It May Concern:

The undersigned does hereby give permission for our (my) child,

_____,
(Name of Child)

To attend and participate in activities sponsored by the Lighthouse Youth & First Presbyterian Church from today until December 31, 2012.

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 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 the 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 agrees to pay all costs and expenses incurred in connection with such medical and dental service rendered to the aforementioned child pursuant to this authorization.

Should it be necessary for 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 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 the Lighthouse Youth and First Presbyterian Church.

The undersigned does also hereby give permission to photograph and video tape our child, and to use these photographs and videos to promote Lighthouse Youth in marketing tools such as but not limited to bulletin boards, brochures, flyers, videos, and website.

Legal Guardian Signature

Date

Legal Guardian Signature

Date

Insurance Company _____ Policy Number _____

Please List any allergies or special medical conditions the Family Life Coordinator should be aware of.
