

Grace Church
PARENTAL CONSENT FORM
2017-2018

Student Name _____ Age _____ DOB _____
Address _____ Telephone(_____) _____
City _____ State & Zip Code _____
SS# _____ Grade _____ School _____
E-Mail _____ Parents' Business Phone: _____

Father (_____) _____ Mother (_____) _____

We (I) give permission for our (my) child, _____ to attend Activities sponsored by Grace Church from August 2017 through August 2018. 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 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 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 shall assume all transportation costs.

The undersigned does also hereby give 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 participating in activities sponsored by Grace Church.

Insurance Company _____

Policy Number _____

Emergency Phone Numbers _____

Mother's Signature _____ Date _____

Father's Signature _____ Date _____

Legal Guardian _____ Date _____



I give permission for my child's picture to be posted online on the church website and Facebook through out the year of August 2017 - August 2018.

Parent or Guardian's Signature _____