

Parental Consent Form

Name: _____ Age: _____ Date of Birth: _____

Address, City, Zip: _____ Phone: _____

School: _____ Grade in or just completed: _____ SS#: _____

Parent(s)' work phones: _____

Emergency Phone Number: _____ Relationship to Child: _____

Insurance Company: _____ Policy #: _____

Please list any allergies or special medical problems your child may have in the space provided below.

To whom it may concern:

The undersigned does hereby give permission for our (my) child, _____
to attend and participate in activities sponsored by First Baptist Church, Granbury, TX, on _____
_____.

We (I) authorized 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 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 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 First Baptist Church.

Participant's Signature: _____

Date: _____

Parental/Guardian Signature: _____

Date: _____