

# Parental Consent Form

Child's Name _____	Age _____	Date of birth _____
Address _____	(_____) _____	Home Phone _____
City _____	State _____	Zip Code _____
(_____) _____	(_____) _____	_____
Parent(s) business phone/cellular phone/pager numbers		

To whom it may concern:

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

\_\_\_\_\_ (child's name), to attend and participate in **Youth Activities with Immanuel Lutheran Church during 2015.**

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(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 Immanuel Lutheran Church.

Hospital Insurance  Yes  No

Insurance company \_\_\_\_\_ Participant, if age 21 \_\_\_\_\_ Date \_\_\_\_\_

Policy Number \_\_\_\_\_ Father Signature \_\_\_\_\_ Date \_\_\_\_\_

Physician's Name \_\_\_\_\_ Mother Signature \_\_\_\_\_ Date \_\_\_\_\_

Physicians Phone \_\_\_\_\_ Legal Guardian Signature \_\_\_\_\_

Emergency phone numbers \_\_\_\_\_

Please list any allergies or special medical problems your child may have. Thank you.

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