

# 2010

## PARENTAL CONSENT FORM

Youth: \_\_\_\_\_ Age: \_\_\_\_\_ D.O.B. \_\_\_\_\_

Address: \_\_\_\_\_ Home Phone: (336) \_\_\_\_\_

City: \_\_\_\_\_ State: NC Zip Code: 271 \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_

Parent(s) work phone \_\_\_\_\_ (Mom) Cell Phone: \_\_\_\_\_

\_\_\_\_\_ (Dad) Cell Phone: \_\_\_\_\_

Primary E-Mail Address: \_\_\_\_\_

### **To Whom It May Concern:**

The undersigned does hereby give permission for our (my) child, \_\_\_\_\_  
To attend and participate in activities sponsored by **Ardmore Baptist Church, Inc.**  
between **January 1, 2010 and December 31, 2010.**

We (I) authorize an adult, in whose care the minor has been entrusted, to consent to any treatment necessary including 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 **Ardmore Baptist Church, Inc.**

Medical Insurance: Yes \_\_\_\_\_ No \_\_\_\_\_ Participant: \_\_\_\_\_

Insurance Company: \_\_\_\_\_ Father: \_\_\_\_\_

Policy Number: \_\_\_\_\_ Mother: \_\_\_\_\_

Emergency Phone: \_\_\_\_\_ Other Legal Guardian: \_\_\_\_\_

**PLEASE LIST ANY ALLERGIES OR SPECIAL MEDICAL PROBLEMS ON BACK OF FORM.**

**PARENT SIGNATURE:** \_\_\_\_\_

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01/19/2010