



Sarah Fredriksen McCann, Pastor
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PARENTAL CONSENT FORM

(name of youth) first

middle

last

(address) street

city

state

zip code

phone #

age

date of birth

grade

parent's name

emergency contact person/phone #

relationship to minor

(health insurance coverage)

name of company

policy or identification number

address of company

name of insured

physician name

phone number

parent's work phone

cell phone

Please answer the following questions:

Does this youth have any special needs? (examples: dietary, behavioral, physical limitations, etc.)

(Please continue on back of this form)

Is this youth currently taking medication? If so, please explain:

condition	medication	dosage

Any Allergies? _____

Asthma? _____

Can this youth swim? _____

Any fears or precaution we need to take into consideration?

To whom it may concern:

The undersigned does hereby give consent for my (our) child, _____ to attend and participate in all activities sponsored by Hope United Church of Christ. I (We) authorize the staff pastors or lay leadership of the church in whose care the above named 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 this minor in case of an emergency requiring treatment or examination. I understand that every effort will be made to contact me and that the staff or volunteers of Hope United Church of Christ are not liable for injury for attempting to receive sound medical advise in good faith during an emergency situation.

I (We) agree to pay costs of medical care and transportation for this minor child pursuant to this authorization and I (We) grant permission for our child to ride in a vehicle as assigned by staff adults while under their supervision.

participant's signature date

parent or guardian signature date