



Parental Consent Form Fellowship Presbyterian Church

Youth Name _____ Age _____ Birth date _____ Grade _____

Address _____

City _____ State _____ Zip Code _____

Name of Parent/Guardian 1 _____ Home # _____ Cell # _____

Name of Parent/Guardian 2 _____ Home # _____ Cell # _____

For contact info/updates email addresses:

Youth email: _____

Parent(s) email: _____

TO WHOM IT MAY CONCERN:

The undersigned does hereby give permission for our (my) child _____
(name of child)

to attend and participate in the following events with Fellowship Presbyterian Church:

_____/_____ parent's initials, date	Fellowship/Vandalia Youth Lock-in name of event	on Aug 16-17th, 2007 date{s} of event
_____/_____ parent's initials, date	_____ name of event	on _____ date{s} of event
_____/_____ parent's initials, date	_____ name of event	on _____ date{s} of event
_____/_____ parent's initials, date	_____ name of event	on _____ date{s} of event
_____/_____ parent's initials, date	_____ name of event	on _____ date{s} of event
_____/_____ parent's initials, date	_____ name of event	on _____ date{s} of event

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 advise 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 serviced rendered to the aforementioned child pursuant to this authorization.

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 Fellowship Presbyterian Church.

Hospital Insurance: Yes _____ No _____

Company Name _____

Policy Number _____

Emergency Contact Person & Phone # _____

Please list any allergies (please include food allergies) or special medical problems your child may have:

Thank you!

Signature of Parent(s) or Guardian

Date