

Parental Consent Form

Subject: authorization for medical treatment and legal release of a minor

I give permission for _____ (child's name) to participate in all scheduled events with the Rockwall and Brin Church of Christ youth group. Furthermore, I understand that safety precautions will be observed, by the church and chaperones, on any phase of this activity and will not be responsible for any accident. I authorize any adult with this group to make decisions regarding the welfare of my child, such as medication, emergency treatment, or whatever the situation might require.

Name of family doctor: _____
Doctor's phone number: _____
Medication being taken: _____

Allergies or physical problems of which we should be aware: _____

Date of last tetanus shot: (if available) _____
Student's Social Security number: _____
Insurance company and policy number: _____
Parents: _____
Address: _____
Home Phone: _____
Cell Phone: _____
Work Phone: _____
Emergency Contact other than parents: _____ Phone 1: _____
Phone 2: _____
Parent / Guardian: _____ Date: _____