

PARENTAL CONSENT FORM

Name _____ Age _____ Birth Date _____

Street Address _____ City _____

State _____ Zip Code _____ Phone (____) _____

School _____ Grade Level _____

Parent(s) Business Phone (____) _____ (____) _____

To whom it may concern:

The undersigned does hereby give permission for our/my child, (print name of child)

_____, to attend and participate in activities

sponsored by West Hills Baptist Church _____ from June
2008-June 2009.

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 his 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 West Hills Baptist Church _____.

Hospital Insurance Yes ___ No ___

Insurance Company _____

Policy Number _____

Participant _____ Date _____

Father _____ Date _____

Mother _____ Date _____

Legal Guardian _____ Date _____

On the reverse side of this page, please list any allergies or special medical problems your child may have.