



# 09-10 parental consent form

Child's Full Name:	DOB:	/	/
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Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Emergency Contact Name and Phone Number: \_\_\_\_\_

Family Doctor's Name: \_\_\_\_\_ Dr. Phone #: \_\_\_\_\_

Health Insurance  Yes  No Insurance Company: \_\_\_\_\_

Health Insurance Employee Name and Policy Number: \_\_\_\_\_

Medical Problems (if any): \_\_\_\_\_ List Food/Medicinal Allergies (if any): \_\_\_\_\_

On Any Medication?  Yes  No If YES, what? \_\_\_\_\_

## To Whom It May Concern:

The undersigned do (does) hereby give permission for our (my) child, \_\_\_\_\_, to attend and participate in activities sponsored by New Life Wesleyan Church, The Wesleyan Church, and/or New Life Children Ministries, Discovery Club, on **September 1, 2009 – June 30, 2010.**

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 the general or special supervision and on the advice of any physician or dentist licensed under the provisions of the Medical Practice Act or 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/or 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 do (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 The New Life Wesleyan Church, The Wesleyan Church, and/or New Life Children's Ministries.

\_\_\_\_\_  
(Parent/Legal Guardian Signature)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Name Printed)

\_\_\_\_\_  
(Relation)