



# Parental Consent Form

Date

## Child's Information

Name (First, Last): \_\_\_\_\_ DOB: \_\_\_\_\_ M or F: \_\_\_\_\_ T-shirt Size: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_ *Permission to receive texts and emails?*  YES  NO

## Parent/Guardian Information

Father (First, Last): \_\_\_\_\_ Phone: \_\_\_\_\_ *I prefer a*  TEXT  CALL

Mother (First, Last): \_\_\_\_\_ Phone: \_\_\_\_\_ *I prefer a*  TEXT  CALL

Guardian (First, Last): \_\_\_\_\_ Phone: \_\_\_\_\_ *I prefer a*  TEXT  CALL

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

## Medical Information

Insurance Company: \_\_\_\_\_ Policy Number: \_\_\_\_\_

Allergies, Medications, Special Instructions: \_\_\_\_\_

## Emergency Contact

Name (First, Last): \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

### Permission

The undersigned does hereby give permission to our (my) child to attend and participate in activities sponsored by Mt. Gilead Church (MG). I further give my permission to any and all of the foregoing to use any photographs, videos, recordings, or any other record of this event for future MG promotions.

### Medical Authorization

Should our (my) minor child become ill or injured during a MG-sponsored event, we (I) authorize the group leader(s) and/or authorized personnel, in whose care the minor has been entrusted, to rely on the advice of a licensed medical physician and/or dentist, and in reliance on this medical/dental judgment to consent to any and all necessary medical and/or dental treatment such as: x-rays, diagnostics and radiological tests, administration of medications and/or anesthesia, surgical intervention, and hospitalization. The undersigned shall be liable and agree to pay all expenses incurred in the connection with such authorization. Should it be necessary for our (my) child to be transported by an authorized emergency medical vehicle due to medical reasons or otherwise, the undersigned shall assume all expenses related to such transportation and related medical treatment.

### Release

The undersigned does hereby release MG and all associated parties including cooperating churches and trained personnel of liability in the case of injury to any participants in the programs provided by MG. MG cannot and should not be held responsible for a minor's conduct that violates rules established by MG to protect him/her from harm or injury. Should our (my) minor child violate any MG rules, policies, or procedures or behave in a manner inconsistent with MG's mission and philosophy while participating in a MG-sponsored event, we (I) acknowledge that the minor child may be sent home at our (my) expense.

### Blanket Form

Do you intend for this form to be a blanket form for all youth activities for 2018? If so, initial here: \_\_\_\_\_

If this is not a blanket form, then please enter the event this form is covering: \_\_\_\_\_

Please list any friends your child would like to be partnered with for events/overnights/etc.: \_\_\_\_\_

Signature of Parent or Guardian \_\_\_\_\_ Date \_\_\_\_\_

## For Office Use Only

Date Received \_\_\_\_\_