

PARENTAL CONSENT FORM AND
AUTHORIZATION TO TREAT A MINOR

Child's Name _____ Birth date _____
Address _____
City _____ State _____ Zip Code _____

To Whom It May Concern:

I _____, parent or guardian of the child named above, request that s/he be permitted to attend the trip to _____ (event) on _____ (date), sponsored _____.

If I cannot be reached, should an emergency occur, I authorize the staff members and volunteers, under whose auspices the program is conducted, to secure any emergency medical care of treatment that may be necessary for my child during the entire event. I further assume all cost and responsibility for the decisions so made, and the emergency care or treatment so secured for my child.

If I cannot be reached, I further authorize the adult staff members and volunteers of Plymouth Church to consent as my agent to any examination, X-ray, anesthetic, medical or surgical diagnosis or treatment and hospital care which is rendered under the supervision of any licensed physician or surgeon on the medical staff of any licensed hospital or emergency care facility, whether such diagnosis or treatment is rendered at the office of said physician or at said hospital.

I am also aware that, should a severe discipline problem occur, my child may be denied the privilege of participating in an event.

Signature of parent or guardian _____ / _____ Date

Relationship to participant _____ Telephone numbers: _____
Or _____ Or _____

Do you have hospitalization insurance? Yes ___ No ___

Name of insurance company _____

Policy number _____

Contact in case you cannot be reached: _____

Relationship to participant _____

Telephone numbers: _____ Or _____

Any allergies your child may have: _____