Parental Consent Form Smith Chapel Church of God

Child's Name	Age	Birth Date		
Address		Phone		
City	State	Zip Code		
School	Grade in or j	ust completed		
Parents'/Guardians' Names				
Business Phone(s)Child	d's S. S. #			
To Whom It May Concern:				
The undersigned does hereby give permission for our (my) child,, to attend and participate in all activities & all trips sponsored by for the period				
of				
(Example: Name of child, Smith Chapel Church of God, 1/4/2013-1/5/2013)				
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, 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 a connection with such medical and dental services rerepursuant to this authorization. We (I) do hereby releated hold harmless the, and the (Example: Smith Chapel Church of	ndered to the a se, forever dis	aforementioned youth scharge and agree to		
directors thereof from any and all liability, claims or desickness, or death, as well as property damage and ewhich may be incurred by the undersigned and the checklich participant is participating in the above describe	emands for pe expenses, of a nild-participan	ersonal injury, iny nature whatsoever t that occur while said		

Furthermore, we (I) (and on behalf of our (my) child-participant), hereby assume all risk

of personal injury, sickness, death, damage, and expense as a result of participation in recreation and work activities involved therein.

Further, authorization and permission is hereby given to said church to furnish any necessary transportation, food, and lodging for this participant.

The undersigned further hereby agree(s) to hold harmless and indemnify said church, its directors, employees, and agents, for any liability sustained by said church as the result of the negligent, willful, or intentional acts of said participant, including expenses incurred attendant thereto.

Hospital Insurance: ☐ Yes ☐ No Insurance Company & Policy Number				
Emergency Phone Numbers:				
If child resides with both parents, then both signatures are required. If child resides with custodial parent, said parent should sign and present proof of custody.				
Mother	Date			
Father	Date			
Legal Guardian (if applicable)	Date			
Physician	Physician's Phone #			
 Hay fever, asthma, or wheezing Eczema or frequent skin rashes Convulsions/seizures Heart trouble Diabetes 	ns listed below? (Circle all numbers that apply) 6. Frequent colds, sore throat, or earache 7. Trouble passing, urine, bowel movement 8. Shortness of breath 9. Menstrual problems 10. Other (explain in "Remarks" below) eas identified above in the "Remarks" section.			
Please explain any problem are	eas identified above in the Remarks Section.			
History of emotional/behavioral disturb	pance?			

		☐ No
(If yes, explain in "Remarks" section.)		
Is medication needed or used by the child?		☐ Yes ☐ No
Special conditions to watch for, such as allergy (food/drugs), bed-wetting, sleep walking, fainting, etc. (If yes, explain in "Remarks	s")	□ Yes □ No
Does your child have any special dietary needs?		☐ Yes ☐ No
My child/charge has had all immunizations required by the health de	epartment:	☐ Yes ☐ No
If no, explain in "Remarks.)		
Also, please give date of the last tetanus booster:		
Should the child's activity be restricted because of any physical defe	ect or illnes	s? □ Yes □ No
(If yes, please explain the degree of restriction in "Remarks.")		
Please Note: All medications are to be submitted to the head couns on a trip. Please see that these medications are in their original conchild's name is on it. The child is responsible for taking his/her medications.	tainers and	•
Is your child/charge allowed to swim?		☐ Yes ☐ No
What is his/her swimming ability?	☐ Poor ☐ Good	□ Fair
Remarks:		