

PARENTAL CONSENT FORM

Name _____ Age _____ Birth Date _____

Address _____ City _____ Zip _____

Home Phone () _____ Parent Work or Cell Phone _____

Any other Emergency Contact Name and # _____

School _____ Grade (in or just completed) _____

To whom it may concern:

The undersigned does hereby give permission for our (my) child, _____
to attend and participate in activities sponsored by Central Baptist Church.

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 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 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 Central Baptist Church.

Permission to Use Photos on the Internet:

Before your child's photo can be displayed on our church website or on the Music blog, we must have your permission.

I understand that my child's photo may be published on the web or blog pages of Central Baptist Church at www.centralalive.org.

Yes, you may use my child's photo on the Central Baptist Church website or Music Ministry blog.

No, you may NOT use my child's photo on the Central Baptist Church website or Music Ministry blog.

Signature of Parent/Legal Gaurdian **DATE** Hospital Insurance? Yes _____ No _____

Insurance Company _____ Policy Number _____

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