Broadway Christian Church Youth Ministry

PARENTAL CONSENT FORM

AUGUST 15, 2010 TO AUGUST 31, 2011

Name_____ Age_____ Birth Date_____

Address_____ Phone(_____)_____

City_____ State_____ Zip Code_____

School_____ Grade entering _____

Parent(s) / legal guardian(s):

Mother _____ Daytime phone/cell phone_____

Father _____ Daytime phone / cell phone_____

Other Emergency Contact_____ Relationship_____ Phone_____

Health Insurance Co _____ Phone _____

Policy / Group Number _____

□Yes □No My child's photo may be used on the church's website / facebook / YouTube.

To whom it may concern:

The undersigned does hereby give permission for my child, (Name of Child) _____, to attend and participate in activities sponsored by Broadway Christian Church taking place anytime from August 1, 2010 through August 31, 2011.

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 agrees 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 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 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 Broadway Christian Church.

_____

Parent Signature Date

Parents, on the reverse, please list additional medical information. Please include allergies, special medical problems, or learning disability information that may be important for us to be aware of. Thank you.

State of Missouri)
) ss.
County of Boone)

On this _____ day of _____2010, before me personally appeared _____, to me known to be the person described in and who executed the foregoing instrument and acknowledged that (s)he executed the same as his/her free act and deed.

In testimony whereof I have hereunto set my hand and affixed my official seal at my office in said county and state, on the day and year above written.

[Seal]

_____

Notary Public for _____.

Revised 08/10 LMS