

# Parental/Medical Consent Form



Students Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Grade: \_\_\_\_\_ Age: \_\_\_\_\_ Birthday: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Bus: \_\_\_\_\_

## To Whom it may concern:

The undersigned does hereby give permission for our (my) child, \_\_\_\_\_ to attend and participate in activities sponsored by First Baptist church, Fort Mill.

We (I) authorize an adult, in the care that has been entrusted to consent to any x-ray, 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 a dentist or physician licensed under the provision of the Medical Practice Act on the medical staff of a licensed hospital, weather the said diagnosis or treatment is rendered at the office of the physician or said hospital.

The undersigned shall be liable and agrees to pay all the expenses incurred in connection with such medical or dental services rendered to the aforementioned minor pursuant to this authorization.

The undersigned does also 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 the activities sponsored by, First Baptist Church, Fort Mill.

Insurance Company: \_\_\_\_\_  
Policy #: \_\_\_\_\_ Emergency Phone: \_\_\_\_\_  
Participate Name: \_\_\_\_\_  
Parent or Guardian: \_\_\_\_\_

## Special Instructions

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## Disciplinary Code

1. I will obey all rules set out before me by the adult sponsors
2. I will not bring drugs, alcohol, tobacco, balloons, shaving cream (unless you shave) or anything that would hinder me or others from achieving God's best for us on an activity.
3. Walkman, discman, Disc players video games radios or any secular music is not allowed. If found they will be taken from you.
4. I will not harm any others person or their belongings.
5. Failure to comply with any or all of these rules above my result in you being sent home ay your parents expense.

Parent/Guardian: \_\_\_\_\_

Student: \_\_\_\_\_