

Shepherd of the Bay Lutheran Church

Parental Consent Form

Name _____ Age _____ Birthdate _____
Address _____ Home Phone _____
Parent(s) business phone(s) _____

To Whom It May Concern:

The undersigned does hereby give permission to our (my) child _____
to attend and participate in activities sponsored by Shepherd of the Bay Lutheran Church in **2011-2012**

In the event of an emergency, 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, the undersigned shall assume all transportation costs.

Our (my) child understands that he/she must abide by the rules established by the youth group leaders. In the event of his/her failure to abide by the rules, we (I) understand that we (I) will be contacted and be expected to come and pick him/her up.

The undersigned also does hereby give permission for our (my) child to ride any vehicle designated by the adult in charge to whose care the minor has been entrusted while attending and participating in activities sponsored by Shepherd of the Bay Lutheran Church.

Hospital Insurance: _____ Yes _____ No Policy # _____

Insurance Company _____

Participant _____ Date _____

Father _____ Date _____

Mother _____ Date _____

Legal Guardian _____ Date _____

Emergency phone #s _____

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