PARENTAL CONSENT FORM

Name		_Age	Birth Date	
Street Address		City		
State	Zip Code	Phor	ne ()	
School		Grade	Level	
Parent(s) Business Phone ()()				

To whom it may concern:

The undersigned does hereby give permission for our/my child, (print name of child)

_____, to attend and participate in activities

sponsored by Christ United Methodist Church on (date of activity) ______.

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 his 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 Christ United Methodist Church, 700 S. Main St. Baltimore, Ohio 43105.

Hospital Insurance Yes No	
Insurance Company	_
Policy Number	
Participant	Date
Father	Date
Mother	Date
Legal Guardian	Date

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