

PARENTAL CONSENT/LIABILITY FORM

Child's Name _____ Age _____ Birth date _____
Address _____ Phone () _____
City _____ State _____ Zip code _____
Parent(s) business phones _____

To whom it may concern:

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

We (I) authorize an adult, in whose care the minor child 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 and surgical supervision and on the advice of any physician or dentist licensed under the provisions of the Medical Practice Act or 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 other-wise, the undersigned shall assume all transportation costs.

The undersigned does 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 this activity sponsored by Villa Heights Christian Church.

Hospital Insurance yes no Participant

Insurance Company Father's name:

Policy Number Mother's name:

Legal Guardian (if applicable):

Emergency Phone Numbers:

Please list any allergies or special medical problems that your child may have:

Parent's Signature: _____

Father / Mother / Guardian

Date