

PARENTAL CONSENT FORM

Date: ____/____/____
Updated every September.

NAME _____ AGE ____ BIRTHDATE _____
ADDRESS _____
CITY _____ STATE ____ ZIP CODE _____
TELEPHONE (____) _____ GRADE IN OR COMPLETED _____
PARENT(S) BUSINESS TELEPHONE NUMBERS: (____) _____ Dad
(____) _____ Mom
(____) _____ Cell #

PARENTAL CONSENT:

The undersigned does hereby give permission for my child, _____ to attend and participate in the youth activities sponsored by Faith Community UMC in Greenville, Wisconsin

As parent or guardian, 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 hospital care.

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 or disciplinary reasons, 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 Director of Youth & Family Ministries while attending and participating in activities sponsored Faith Community UMC in Greenville, Wisconsin.

Student's Signature _____ (Signature)

Parent or Guardian _____ (Please Print)
_____ (Signature)

PARENT AND STUDENT AGREEMENT:

We (parent and youth) understand that inappropriate behavior towards another group member, private party, church property, vehicles, the property or persons or churches we may visit during an event may result in the youth being financially liable for their actions. In the event of property damage, the student and parent agree to reimburse all damages caused by the student.

Student's Signature _____ (Signature)

Parent or Guardian _____ (Please Print)
_____ (Signature)

Please complete the reverse side, Medical Form. Thanks.

