

PARENTAL CONSENT FORM

For any children's ministry activity held on or off First Baptist Church, Mocksville, grounds for 2011

Child information:

Name _____ Age _____ Birth date _____

Address _____ Phone _____

City _____ State _____ Zip _____

School _____ Grade _____

Names and emergency phone(s) of parent(s) _____

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, Mocksville. Name of child

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 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 expense incurred in connection with such medial 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 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 First Baptist Church, Mocksville.

Hospital Insurance Yes No

Please sign on the appropriate line below:

Insurance Company _____

Policy Number _____

Emergency Phone Numbers _____

Father Date

Mother Date

Legal Guardian Date

Allergies or Special Medical problems: _____

Please make the Church aware of any changes in the child's medical insurance or other information.