

Gilroy Presbyterian Church Youth Group

Parental Consent Form

Student Name: _____ Age: ____ Birth Date: _____
Address: _____ Phone #: _____
City: _____ School: _____ Grade: ____
Parent/Guardian name(s): _____
Emergency contact #'s: _____ & _____

To Whom It May Concern:

The undersigned does hereby give permission for our (my) child,
_____ to attend and participate in the above
(name of child)

activity sponsored by Gilroy Presbyterian Church.

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 a diagnosis or treatment is rendered at the office of said physician or at a 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 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 Gilroy Presbyterian Church.

Hospital Insurance: ___ yes ___ no

Insurance Company: _____

Policy Number: _____

Emergency phone numbers: _____

(Participant's Name)

(Father's Signature)

(Mother's Signature)

or (Legal Guardian's Signature)

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

Medical Information

Please list any allergies/special medical concerns your child may have, of which leaders should be aware:

Please list any medications or prescriptions that your child is taking or will have in their possession (if appropriate, Josh Ferreira can keep in his possession for this trip. Please arrange ahead of time)

Please check box if NO special medical info applies to my child.

Student's Name: _____

Parent/Guardian Signature: _____

Date: _____