



Youth Pastors, Paul & Cristine Braddy
2234 East H St. Torrington, WY 82240
Phone: 308-660-3445 or 308-293-5678

The undersigned does hereby give permission to my/our child, _____, to attend and participate in the _____. I/We authorize the group leader, in whose care the minor has been entrusted, to consent to an 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 provision of the medical Practice Act on the medical staff of a licensed hospital, whether diagnosis or treatment is rendered at the office of 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. The undersigned does also hereby give permission for my/our 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 SONrise Church.

Hospital Insurance? NO ___ YES ___ Insurance Company _____
Policy No. _____

Physician: _____ Physician's Phone: _____

Date of Last Tetanus Shot: _____

List Any Allergies or Special Medical Circumstances Your Child May Have: _____

In Case of Emergency, Contact: _____ Phone: _____

Signature of Parent or Guardian:

Date