

Hampton Baptist Church Youth Ministry Parental Consent Form

NAME _____ AGE _____ BIRTH DATE _____

ADDRESS _____ PHONE _____

CITY _____ STATE _____ ZIP CODE _____

SCHOOL _____ PRESENT GRADE _____

PARENT(S) BUSINESS PHONE _____

PARENT(S) CELL PHONE _____

To Whom It May Concern:

The undersigned does hereby give permission for (my) (our) youth, _____ to attend and participate in activities sponsored by the HAMPTON BAPTIST CHURCH YOUTH GROUP between January 1, 2010 and December 31, 2010.

I (we) 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 and 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 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 youth pursuant to this authorization.

Should it be necessary for my (our) youth to return home due to medical reasons or otherwise, the undersigned shall assume all transportation costs.

The undersigned does also hereby give permission for my (our) youth to ride in any vehicle designated by the adult in whose care the minor has been entrusted while attending and participation in activities sponsored by Hampton Baptist Church.

Hospital Insurance Yes___ No___
Insurance Co. _____
Policy # _____
Emergency Contacts & Phone #'s
1. _____
2. _____

Participant _____
Date _____
Father _____ (Signature)
Mother _____ (Signature)
Legal Guardian _____ (If Necessary) (Signature)

Notary Signature _____ Date _____

Commission Expires _____

PLEASE LIST ANY ALLERGIES, MEDICAL PROBLEMS OR
SPECIAL INSTRUCTIONS ON THE BACK OF THIS FORM.