

PARENT/GUARDIAN CONSENT FORM

FOR PARK HILLS FAMILY MINISTRIES

STUDENT'S NAME _____ AGE _____ BIRTH DATE _____
ADDRESS _____ STUDENTS CELL PHONE _____
SCHOOL _____ CURRENT GRADE OR JUST COMPLETED _____
PARENT/GUARDIAN NAME #1: _____ RELATIONSHIP: _____
PARENT/GUARDIAN NAME #1 PHONE NUMBER: _____
PARENT/GUARDIAN NAME #2: _____ RELATIONSHIP: _____
PARENT/GUARDIAN NAME #2 PHONE NUMBER: _____
EMERGERNCY PERSON/RELATIONSHIP: _____ PHONE NUMBER: _____

To Whom It May Concern:

The undersigned does hereby give permission for our (my) child, _____, to attend and participate in activities sponsored by Park Hills Church. By signing this form I give permission for our (my) child to participate in over-night activities, trips, off-campus activities, and riding in vehicles with Park Hills staff and processed volunteers.

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 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 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.

Hospital Insurance: Yes / No Insurance Company: _____ Policy Number _____

Participant: _____ Date: _____

Parent/Guardian: _____ Date: _____

BELOW PLEASE LIST ANY ALLERGIES OR SPECIAL MEDICAL PROBLEMS YOUR CHILD MAY HAVE. THANK YOU.