

# PARENTAL CONSENT FORM

**THIS FORM IS GOOD FOR ALL ACTIVITIES FROM JUNE 12, 2011 – JUNE 10, 2012**

(Must be completed for all participant's under 18. Must be signed by parent or guardian)

Participant's Name \_\_\_\_\_ Age \_\_\_\_\_ Birthdate \_\_\_\_\_

Address \_\_\_\_\_ S.S.# \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

School \_\_\_\_\_ Grade in \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Mother's Cell # \_\_\_\_\_ Father's Cell # \_\_\_\_\_

Mother's Work #: \_\_\_\_\_ Father's Work # \_\_\_\_\_

To whom it may concern:

The undersigned does hereby give permission for our (my) child, \_\_\_\_\_, to attend and participate in activities sponsored by **Fresno First Baptist Church** from **June 12, 2011 through June 10, 2012**.

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 forementioned 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 **Fresno First Baptist Church**

Hospital Insurance Yes ( ) No ( )

Insurance Company \_\_\_\_\_

Policy Number \_\_\_\_\_

Doctor's Name \_\_\_\_\_

Doctor's Ph. # \_\_\_\_\_

Date of last Tetanus \_\_\_\_\_

Please list any allergies, medications, illnesses or disabilities of the participant.

In case of medical emergency, if parents cannot be reached, notify:

\_\_\_\_\_  
Name Home PH Work or Cell PH

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## RELEASE of LIABILITY

(Must be completed by ALL participants – Adults & Minors. Must be signed by parent or guardian if under 18)

I hereby agree to indemnify and hold harmless First Baptist Church of Fresno, its officers and employees, and any other organization co-sponsoring the program from and against any and all liability for any injury which may suffer arising from or in any connection with any activity of the program. I authorize any person in charge of the activity to consent to medical and/or dental treatment at my expense. I understand that First Baptist Church of Fresno is not obligated to carry insurance to cover medical and/or dental expenses. Any disputes arising between First Baptist Church of Fresno and participants in this activity will be settled by independent arbitration.

\_\_\_\_\_  
Signature Relationship Date

\_\_\_\_\_  
Emergency Phone Name of Insurance Carrier Policy #