



# PARENTAL CONSENT FORM

NAME \_\_\_\_\_ AGE \_\_\_\_\_ GRADE \_\_\_\_\_ BIRTH DATE \_\_\_\_\_

NAME \_\_\_\_\_ AGE \_\_\_\_\_ GRADE \_\_\_\_\_ BIRTH DATE \_\_\_\_\_

NAME \_\_\_\_\_ AGE \_\_\_\_\_ GRADE \_\_\_\_\_ BIRTH DATE \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

MOTHER'S NAME \_\_\_\_\_ HOME# \_\_\_\_\_ CELL# \_\_\_\_\_

FATHER'S NAME \_\_\_\_\_ HOME# \_\_\_\_\_ CELL# \_\_\_\_\_

Agents of Glorious Presence Church shall be authorized to consent for all medical and/or surgical treatment and/or other medical procedures (including administration of anesthesia, blood transfusions, diagnostic tests, etc.), for the above named child, which may be required during my absence.

Note: Consents are not required in emergency situations. I agree to pay for all services provided to my child in my absence. This authorization shall be effective from \_\_\_\_\_ (Month, Day Year) until \_\_\_\_\_ (Month, Day, Year) unless earlier revoked by me

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 The Youth Group @ Glorious Presence Church.

Medical Insurance: Yes \_\_\_ No \_\_\_ Father \_\_\_\_\_ Date \_\_\_\_\_

Insurance Co. \_\_\_\_\_ Mother \_\_\_\_\_ Date \_\_\_\_\_

Policy # \_\_\_\_\_ Legal Guardian \_\_\_\_\_ Date \_\_\_\_\_

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