

PARENTAL CONSENT FORM for September 1, 2016— August 31, 2017

Name _____ Age _____ Birthdate _____
Address _____ Phone _____
City _____ State _____ Zip Code _____
School _____ Grade _____
Parent(s) business phones _____ Family doctor _____
_____ Doctor phone _____

To whom it may concern:

The undersigned does hereby give permission for our (my) child _____, to attend and participate in **all youth fellowship events** sponsored by The Presbyterian Church, Basking Ridge, New Jersey, from September 1, 2016 through August 31, 2015.

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.

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 Presbyterian Church, Basking Ridge, New Jersey.

The undersigned does also release The Presbyterian Church, Basking Ridge, New Jersey, its employees and volunteers from any responsibility and liability for injury or loss occurring during the aforementioned activity to my child who, with the undersigned, assumes all risks in the use and enjoyment of said activity.

It is the intention of the undersigned to hold The Presbyterian Church Of Basking Ridge, New Jersey, its employees and volunteers, harmless for injury, damages, or loss that may occur to my child or his/her personal property.

Hospital insurance Yes No

Participant Date

Insurance company _____

Policy number _____

Parent or legal guardian Date

Emergency phone number(s) _____

Please list any allergies or special medical problems your child may have: _____

Is your child taking any prescription medicine? Yes No If so, please list _____

Is your child presently under a physician's care? Yes No If so, please provide the following:

Medical condition treated _____

Doctor's name & phone (if different from above) _____

Photo Permission

Do we have your permission to post your child's photo on our website for publicity purposes? __Yes __No