
Parental / Guardian Consent Form

(Please write legibly)

Participant: _____ **Date of Birth:** _____

Home Address: _____

City: _____ **State:** _____ **Zip:** _____ **Home Phone:** () -

Participant Cell Phone: () -

Emergency Contact Information

Parent/Guardian Name: _____

Home Phone: () - **Work Phone:** () - **Cell:** () -

Alternate Contact: _____

Home Phone: () - **Work Phone:** () - **Cell:** () -

Your Doctor: _____ **Phone:** () -

Your Hospital: _____ **Phone:** () -

Your Pharmacist: _____ **Phone:** () -

Do you have health insurance? _____ **yes** _____ **no**

If yes, name of company: _____

Policy Number: _____

Address of Company: _____

City: _____ **State:** _____ **Zip:** _____

List any medications being taken (Include any over-the-counter medications taken daily.)

List any allergies: _____

List any life-threatening physical problems: _____

Date of last Tetanus injection: ____ / ____ / ____

List any known medical complications: _____

Is there anything else that our staff/workers/adults need to know about the above participant that would be beneficial to the health or well-being of the participant? (Medication directions, activity directions, etc...)

(please turn form over and fill out completely)

(Please fill out front of sheet entirely before signing.)

NAME OF PARTICIPANT: _____

I, the undersigned parent/guardian of the above named participant hereby grant permission for the participant to participate in ACTIVITY:_____

We have been advised of the nature and extent of the activities that may take place, and represent to you that the participant is physically and mentally able to participate in these activities.

I, the undersigned parent/guardian of the above named participant, hereby authorize on our behalf, such medical and hospital treatment as you may deem advisable for the health and well being of the participant.

On behalf of the participant and myself, I hereby release Philadelphia Baptist Church of Deville, LA., its pastors, teachers, activity supervisors, student workers, any and all members, and volunteers in the above named activity. I agree to defend and hold you harmless against any claims or liabilities asserted against you at any time on behalf of the participant by reason of such participation or any other matter or thing to which this Consent Form appertains.

The activity begins at Philadelphia Baptist Church, Deville, LA at ___:___ am/pm on ___/___/___ , and the participant should return at approximately ___:___ am/pm on ___/___/___ . I authorize transportation by said church. I am aware the activity WILL or WILL NOT involve swimming or water sports.

Parent/Guardian Signature

___/___/___
Date

**This form must be signed and returned prior to departure.
Only those who return this form properly filled out and signed,
can be granted permission to participate.**