

## Clinton Presbyterian Church PARENT/GUARDIAN CONSENT FORM

Child's Name: \_\_\_\_\_ Child's Age: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Grade: \_\_\_\_\_

Name of Parent(s): \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_

Home telephone: \_\_\_\_\_ Parent/caregiver's cell #: \_\_\_\_\_

Home e-mail address: \_\_\_\_\_

Allergies or Other Medical Conditions: \_\_\_\_\_

\_\_\_\_\_

In case of emergency, contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

**Medical Release:** I consent to any x-ray examination, anesthetic, medical, or surgical diagnosis or treatment and hospital care under the general or special supervision and upon the advice of or to be rendered by a physician and surgeon licensed under the Medical Practice Act for my child. This authority also extends to any x-ray examination, anesthetic, dental, or surgical diagnosis or treatment and hospital care by a dentist licensed under the Dental Practice Act for my child. I further agree to pay all charges for the dental, medical, or hospital care or treatment.

**Permission/Liability Release:** As the parent or legal guardian of my child, I hereby consent for my child to attend and participate in all activities of Children and Youth Ministry of Clinton Presbyterian Church. It is also my intention as this child's parent/guardian to exempt and relieve Clinton Presbyterian Church and its officers, agents, servants, or employees from liability for personal injury, property damage, or wrongful death caused by any act of negligence of and its officers, agents, servants, or employees.

As parent or legal guardian of my child, I am responsible for the health care decisions of my child and am authorized to consent to the services to be rendered. I represent that my consent to and agreement to pay for the dental, medical, or hospital care or treatment to be rendered to my child is legally sufficient and that no consent from any other person is required by law.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Printed Name: \_\_\_\_\_