



"For we are God's workmanship, created in Christ Jesus to do good works..." Ephesians 2:10

# PARENTAL CONSENT FORM

### Minor's Information:

Name \_\_\_\_\_ Age \_\_\_\_\_ Birthday: Month \_\_\_ Day \_\_\_ Year \_\_\_\_\_

Address \_\_\_\_\_

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

Home Phone \_\_\_\_\_ Mobile Phone \_\_\_\_\_ Email \_\_\_\_\_

School \_\_\_\_\_ Grade in or just completed \_\_\_\_\_

### Parent's (s') or Legal Guardian's (s') information:

Father's Name \_\_\_\_\_ Phone (W) \_\_\_\_\_ (M) \_\_\_\_\_

Mother's Name \_\_\_\_\_ Phone (W) \_\_\_\_\_ (M) \_\_\_\_\_

### To Whom it May Concern:

The undersigned does hereby give permission for our (my) child, \_\_\_\_\_, to attend and participate in \_\_\_\_\_,

(Name of Child)

**Westgate Youth Ministry activities**, sponsored by the Westgate Church of Christ for . We (I) release from any liability Westgate Church of Christ and any and all adult sponsors or church staff in the event of any accident enroute, during and returning from **Westgate Youth Ministry activities**. We (I) authorize any adult sponsors or church staff, 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 Westgate church of Christ. I am also aware that this form renews itself annually until the above minor turns 18 years of age.

Do you have medical insurance? (Yes) \_\_\_\_\_ (No) \_\_\_\_\_

Name of insurance company \_\_\_\_\_

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

Emergency phone numbers \_\_\_\_\_

Minor's Signature \_\_\_\_\_ Date \_\_\_\_\_

Father's Signature \_\_\_\_\_ Date \_\_\_\_\_

Mother's Signature \_\_\_\_\_ Date \_\_\_\_\_

Legal guardian signature \_\_\_\_\_ Date \_\_\_\_\_

**Please list any allergies or special medical conditions your child may have on the reverse side. Thank You!**