

# 2012 PARENTAL CONSENT FORM

January 1, 2012 - December 31, 2012 (Please use ink)

Child/Youth Name: \_\_\_\_\_ Birthdate: \_\_\_/\_\_\_/\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
City: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Parent(s) Work Phone(s): \_\_\_\_\_ Cell Phone(s): \_\_\_\_\_

**PARTICIPATION CONSENT:** The undersigned does hereby give permission for our (my) child named above to attend and participate in activities sponsored by *Mohn's Memorial (Mohn's Hill) Evangelical Congregational Church*.

**MEDICAL CONSENT:** 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 or dental services rendered for the aforementioned child pursuant to his authorization.

**TRANSPORTATION CONSENT:** 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 *Mohn's Memorial (Mohn's Hill) Evangelical Congregational Church*. Should it be necessary for our (my) child to return home due to medical reasons or improper behavior, the undersigned shall assume all transportation costs and responsibilities.

**PROMOTIONAL CONSENT:** The undersigned does also hereby give permission for any photos of our (my) child to be used in promotional materials and/or in the Mohn's Hill Youth Ministries Web-Site ([www.MohnsHillYouth.org](http://www.MohnsHillYouth.org)), understanding that no names or personal information will be used.

Hospital Insurance: Yes ( ) No ( )

Insurance Company: \_\_\_\_\_

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

Physician's Name: \_\_\_\_\_

Physician's Phone: \_\_\_\_\_

Emergency Phone: \_\_\_\_\_

\_\_\_\_\_  
Child/Youth Signature (required!)                      Date

\_\_\_\_\_  
Father Signature    Date

\_\_\_\_\_  
Mother Signature    Date

\_\_\_\_\_  
Legal Guardian Signature                                      Date

In the space below, please list any allergies or special medical concerns your child may have. Please also include any medicine dosages and times. (Note - Adult staff holds all medicine.) Thank you.

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