

PARENTAL CONSENT & INFORMATION FORM

Grantham Church Youth Ministries Events

2007-2008 School Year

Youth Information

NAME	AGE	BIRTHDATE
STREET ADDRESS	CITY	STATE & ZIP CODE
SCHOOL	GRADE	CELL PHONE (IF APPLICABLE)
EMAIL ADDRESS (IF APPLICABLE)	IM SCREENNAME (IF APPLICABLE)	

Parent / Guardian Information (please indicate primary custody holder, if applicable)

NAME: FATHER / LEGAL GUARDIAN

HOME PHONE	WORK PHONE	CELL PHONE
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EMAIL ADDRESS

NAME: MOTHER / LEGAL GUARDIAN

HOME PHONE	WORK PHONE	CELL PHONE
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EMAIL ADDRESS

EMERGENCY CONTACT (IF PARENTS/GUARDIANS ARE NOT AVAILABLE)

HOME PHONE	WORK PHONE	CELL PHONE
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To Whom It May Concern:

The undersigned do (does) hereby give permission for our (my) child, _____, to attend and participate in Grantham Church Youth Ministries events taking place under the supervision of Grantham's Youth Ministries leaders. Should there be a particular event for which we (I) do not give our permission, we (I) will contact the church's Minister of Youth.

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 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 Grantham Church.

MEDICAL INSURANCE? YES <input type="checkbox"/> NO <input type="checkbox"/>
INSURANCE COMPANY _____
POLICY/GROUP NUMBER _____

PARTICIPANT DATE

FATHER / LEGAL GUARDIAN DATE

MOTHER / LEGAL GUARDIAN DATE