

***Mt. Carmel Baptist Church***  
**2010-2011 PARENTAL CONSENT FORM**

Name \_\_\_\_\_ Age \_\_\_\_\_ Birth Date \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_ Birth Date \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_ Birth Date \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_ Birth Date \_\_\_\_\_

Address \_\_\_\_\_ Home Phone \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

School(s) \_\_\_\_\_ Grade \_\_\_\_\_

Parent(s) Emergency (cell) Phone #s \_\_\_\_\_

Email Address \_\_\_\_\_

To whom it may concern: The undersigned does hereby give permission for our (my) child(children), \_\_\_\_\_, to attend and participate in activities sponsored by Mt. Carmel Baptist Church from **August 1, 2010 through August 1, 2011.**

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 or 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 Mt. Carmel Baptist Church.

Hospital Insurance Yes \_\_\_\_\_ No \_\_\_\_\_

Insurance Company \_\_\_\_\_ Policy # \_\_\_\_\_

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

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

Legal Guardian's Signature \_\_\_\_\_ Date \_\_\_\_\_

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

**Please list any allergies or special medical problems your child may have. Thank you.**