

HILLSBORO CHURCH OF CHRIST
PARENTAL CONSENT FORM

Name _____ Age _____ Birth date _____
Address _____ Phone (____) _____
City _____ State _____ Zip Code _____
School _____ Current grade _____
Parent(s) business phone _____

To whom it may concern,
The undersigned does hereby give our (my) child, _____
Permission/consent to attend and participate in activities sponsored by the Hillsboro Church of Christ
on _____{date(s)}

We (I) authorize an adult, in whose care a 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 a 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 my child to return home due to medical reasons or otherwise, the undersigned shall assume all transportation costs.

The undersigned does hereby give permission for my child to ride in any vehicle designated by the adult whose care the minor has been entrusted while attending and participation in activities sponsored by the Hillsboro Church of Christ.

Hospital Insurance Yes _____ No _____

Insurance company _____

Policy number _____

Emergency phone numbers _____

PARTICIPANT DATE

FATHER DATE

MOTHER DATE

LEGAL GUARDIAN DATE

(ON THE REVERSE SIDE OF THIS PAPER, PLEASE LIST ANY ALLERGIES OR SPECIAL MEDICAL PROBLEMS YOUR CHILD HAS. THANK YOU.)