Activity Parental Consent Form for Sept '09- Aug '10

(Only one needed per year)

INDIVIDUAL INFORMATION

Name _____ Age ____ Grade ____ Male or Female
Address _____
(please give us your address if visiting or new to BCC)
Email_____ Daytime Phone _____
Parent's business and/or cell phone _____

MEDICAL INFORMATION

Allergies, Dietary Needs, Health Concerns _____
Current Medications _____ Date of last Tetanus _____
Hospital Insurance O Yes O No Name of Policy Holder _____
Insurance Company _____ Group # _____ Policy # _____

EMERGENCY INFORMATION

Emergency Contact _____ Relationship _____
Contact Phone _____ Alternate Phone _____

PERMISSION RELEASE

I, the undersigned, grant permission for my above named child to attend and participate in activities sponsored by ***BranchCreek Community Church (BCC).***

I give my consent for photographs, in which my son/daughter may appear, to be used in any way **BCC** may care to use them.

In Case of Emergency, I understand that every effort will be made to contact me. If I cannot be reached, I hereby give **BCC** permission to act on my behalf in seeking emergency treatment for my child in the event such treatment is deemed necessary by **BCC**. I give permission for those administrating emergency treatment to do so. I absolve BCC from liability in acting on my behalf in this regard so long as **BCC** is not grossly negligent.

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 agrees to pay all costs and expenses incurred in connection with such medical and dental services rendered to the aforementioned child pursuant to his 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 also hereby give permission for 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 ***BranchCreek Community Church.***

The undersigned represents that he/she has legal custody of the named child and has the authority to sign this authorization.

_____ _____ _____
Participant Signature Parent or Guardian Signature Date