

Parental Consent and Medical Release Form

Do NOT try to fill out this form online, it will not work!

A paper copy of this form, on file, is required so you **MUST** print the form, fill it out on paper, and turn in the completed and signed form.

Child's Name _____ Birth Date _____

Address _____ Phone _____

City _____ State _____ Zip Code _____

Parent(s) Work and/or Cell # _____

I, the undersigned, give permission for my/our child, _____ to attend any and all events/activities sponsored by House of Prayer Lutheran Church Youth Group.

I/we authorize an adult, in whose care the minor has been entrusted, to consent to any medical or dental diagnosis or treatment as required in a medical emergency in which case I cannot be immediately contacted for such consent.

The undersigned shall be liable and agrees to pay all cost and expenses incurred in connection with such medical and dental services rendered to the above mentioned child. If it becomes necessary for my/our child to return home due to medical reasons or otherwise, the undersigned will assume transportation costs.

The undersigned gives permission for my/our child to ride in any vehicle designated by the adult in whose care the minor has been entrusted while participating in events/activities sponsored by House of Prayer Lutheran Church.

Insurance Company _____

Name on Policy _____ Policy # _____

Primary Care Physician _____ Phone # _____

Emergency Contact _____ Phone # _____
(Other than Guardian)

Allergies, medical conditions, or medications of participant : _____

Parent(s) or Guardian(s) Signature(s): _____
