

# PARENTAL CONSENT FORM

Name \_\_\_\_\_ Age \_\_\_\_\_ Birthdate \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Parent's Cell Phone(s) ( ) - \_\_\_\_\_ ( ) - \_\_\_\_\_

## TO WHOM IT MAY CONCERN:

The undersigned hereby gives permission for our (my) child, \_\_\_\_\_, to attend and participate in activities sponsored by the **Virginia Church of God State Office** held on **September 16-18, 2016**.

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 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 **Virginia Church of God State Office**.

_____	_____	_____	_____
Participant	Date	Mother	Date
_____	_____	_____	_____
Father	Date	Legal Guardian	Date

On a separate sheet of paper, please list any allergies or special medical problems your child may have and attach it to this form. Thank you.

