

First Presbyterian Church
21 Firelands Blvd.
Norwalk, OH 44857

Parent/Legal Guardian Consent Form

Students Name: _____ Age: ____ Birthday: ____/____/____

Address: _____ City: _____ State: _____

Zip: _____ Phone: (____) _____ School: _____

Grade for the **2008/2009** school year: _____ Parents: business phone: (____) _____

Parent(s)/Legal Guardian(s) First and Last name:

To whom it may concern:

The undersigned does hereby give permission for our (my) child, _____, to attend and participate in activities sponsored by FIRST PRESBYTERIAN CHURCH. This Consent Form will remain in affect for a period of one year from the date it is signed at the bottom, if it is used by the same group within the church for which this form was submitted.

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 provision 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.

It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care being required but is given to provide authority and power on the part of the aforesaid agents to give specific consent to any and all such diagnosis, treatment or hospital care which the aforementioned physician in the exercise of his best judgment may deem advisable.

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.

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 the FIRST PRESBYTERIAN CHURCH.

Hospital insurance: ____yes ____no Insurance company: _____

Policy numbers _____

Emergency contact number: (____) _____

Signed: _____ Date: _____

On the reverse side of this page, please list any specific medications, allergies, or special medical problems your child may have.