

# Episcopal Church of the Nativity

## PARENTAL CONSENT FORM 2009-2010

Participant Name: \_\_\_\_\_

Participants E-mail address: \_\_\_\_\_

Grade: \_\_\_\_\_ Birth Date \_\_\_\_\_

Home Phone: \_\_\_\_\_ Youth Cell Phone: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

School: \_\_\_\_\_

Father's Name: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Father's Business Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Mother's Name: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Mother's Business Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

\_\_\_\_\_

We (I), the undersigned, do hereby give permission for our (my) child, \_\_\_\_\_, to attend and participate in all activities sponsored by Episcopal Church of the Nativity (Nativity) during the 2009-2010 program year. Additional information regarding activities will be provided during the program year.

We (I) authorize an adult volunteer or the Director of Faith Formation from Nativity, in whose care the minor has been entrusted, to seek emergency medical or dental diagnostic procedures or treatment ordered by a licensed health care professional for emergency care.

We ( I ) understand that an adult volunteer or the Nativity Director of Faith Formation will contact us (me) as soon as possible if an emergency medical matter occurs regarding our ( my) child.

We (I) the undersigned, are (am) liable and agree to pay all costs and expenses incurred for such emergency medical and dental services rendered to our (my) minor child.

Should it be necessary for our (my) child to return home due to medical reasons or otherwise, we (I) the undersigned shall assume all transportation costs.

In addition, we ( I) the undersigned do 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 Nativity sponsored activities held at other locations.

**PLEASE FILL OUT THE FOLLOWING INFORMATION**

Do you have medical insurance?    Yes        No

Insurance Company: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Emergency Phone Numbers: \_\_\_\_\_

Father's Signature: \_\_\_\_\_

Mother's Signature: \_\_\_\_\_

Please list all allergies, medication allergies, special medical problems, current medications, or any other relevant medical history to help us respond in the best way possible for your child's needs. Thank you!

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