

CONSENT FORM

Hope United Methodist Church - Youth Ministry

Participant's Name _____

Age _____ Birth Date _____

Address _____

Phone # _____

City _____ State _____ Zip _____

To Hope's Youth Program:

The undersigned does hereby give permission for our (my) child, _____, to attend and participate in activities sponsored by Hope Church on (date) _____.

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 Hope United Methodist Church.

Insurance Company _____

Policy # _____

Emergency Phone #'s _____ ask for: _____

_____ ask for: _____

Any allergic reactions? _____

Mother's signature/date _____

Father's signature/date _____

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