

St. Andrew's Episcopal Church

YOUTH GROUP PARENTAL CONSENT FORM

THIS FORM IS VALID FROM SEPTEMBER 2007-JUNE 2008

Youth's Name: _____

Birthdate: _____

Home Phone Number: _____

Cell phone # of parents: _____

Cell phone # of youth (if available): _____

Emergency Contact person other than parent: _____

Phone #: _____

Insurance Company: _____

Policy Number: _____

Health Concerns? Any medications, allergies, surgeries?

I authorize an adult member of the St. Andrew's Episcopal Church to provide transportation via their private vehicle for my child to and from youth group activities. I authorize an adult, in whose care my child has been entrusted, to consent to any x-ray exams, anesthetic, medical, surgical or dental diagnosis or treatment to be rendered to the minor child under the general or specific supervision and on the advice of any physician or dentist license under the provisions of the Medical Practice Act on the medical staff of a licensed hospital. I will be liable and agree to pay all costs and expenses incurred in connection with such medical and dental service rendered to the above named child pursuant to this authorization.

Parent/Legal Guardian's Signature: _____

Parent/Legal Guardian's Printed Name: _____

Date: _____