

General Event Parental Permission/Consent Form

Name _____ Age _____ Birth date ____/____/____

Address _____ Phone _____

City _____ State _____ Zip Code _____

School _____ Grade in or just completed _____

Parent(s)/Guardian(s) business phones _____

To Whom It May Concern:

The undersigned does hereby give permission for our (my) child, _____,
(Name of child)
to attend and participate in activities sponsored by **FCCC A/G** on _____,
(Date)
for the following event _____.
(Name of Event)

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 my (our) child to return home due to medical reasons, disciplinary action, 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 **FCCC A/G**.

Participant Date Father Date

Mother Date Legal Guardian Date

Medical Insurance ___ Yes ___ No

Insurance Company Policy Number/Group Number

Emergency Contact Person Emergency Phone Number(s)

FCCC A/G = Fossil Creek Community Church Assemblies of God