

# PARENT/GUARDIAN CONSENT/EVENT FORM

EVENT: \_\_\_\_\_

DATE: \_\_\_\_\_

NAME: \_\_\_\_\_ AGE: \_\_\_\_\_ SEX: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ PHONE: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE/ZIP: \_\_\_\_\_ PARISH: \_\_\_\_\_

YEAR/SCHOOL: \_\_\_\_\_ EMERGENCY PHONE #: \_\_\_\_\_

BUSINESS PHONE, MOTHER: \_\_\_\_\_ FATHER: \_\_\_\_\_

THIRD EMERGENCY CONTACT (NAME & PHONE): \_\_\_\_\_

HOSPITAL INSURANCE: YES \_\_\_ NO \_\_\_ INSURANCE CO: \_\_\_\_\_

POLICY #: \_\_\_\_\_ MEDICATION(S): YES \_\_\_

ALLERGIES: \_\_\_\_\_

SURGICAL HISTORY: \_\_\_\_\_

HEALTH CONCERNS: \_\_\_\_\_

I hereby give permission for this youth to attend and participate in the activities sponsored by CHRIST EPISCOPAL CHURCH OF DELAVAN, WI.

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, or hospital care, to be rendered to the minor under the general or specific supervision and on the advice of any physician or dentist licensed under the provisions of the Medical Practice Act on the medical staff of licensed hospital.

I will be liable and agree to pay all costs and expenses incurred in connection with such medical and dental services rendered to the above named youth pursuant to this authorization.

I also hereby give permission for this youth 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 Christ Church of Delavan, 503 E. Walworth Ave., Delavan, WI 53115.

I understand the general guidelines of behavior: that the participant must respect and obey the instructions of the adults(s) in charge and that NO alcohol, illegal drugs, or sexual misconduct will be permitted on the premises. I will assume all transportation costs if problems occur during this event.

I will take no civil action or legal action against the adult(s) in charge or Christ Church, Delavan, for normal care of the minor in their charge.

SIGNATURES: (If 18, sign only PARTICIPANT, those under 18 sign PARTICIPANT PLUS ONE OF THE FOLLOWING)

PARTICIPANT: \_\_\_\_\_ DATE: \_\_\_\_\_

Need ONE of the following (or legal guardian):

FATHER: \_\_\_\_\_ DATE: \_\_\_\_\_

MOTHER: \_\_\_\_\_ DATE: \_\_\_\_\_