

PARENTAL CONSENT FORM

Child's Name _____ **Birth Date** _____

Address _____ **Phone (____)** _____

City _____ **State:** _____ **Zip Code:** _____

To whom it may concern:

The undersigned does hereby give permission for our (my) child, _____, to attend all activities sponsored by Oak Grove Baptist Church, Gray, TN.

We (I) authorize an adult, in whose care the minor has been entrusted, to consent to any x-ray examination, anesthetic, 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 Oak Grove Baptist Church.

Participant: _____

Father (Print): _____ Signature: _____

Mother (Print): _____ Signature: _____

Legal Guardian (Print): _____ Signature: _____

Emergency Numbers: _____

Hospital Insurance: Yes _____ No _____

Insurance Company: _____

ID # of Insured: _____ Birth Date of Insured: _____

Policy Number: _____

Physician: _____ Physician's Number: _____

Allergies: _____

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STATE OF _____ COUNTY OF _____

Personally appeared before me, the undersigned authority, a notary public in and for the State and County aforesaid, _____, with whom I am personally acquainted (or proven to me on the basis of satisfactory evidence), and who acknowledged the execution of the within instrument for the purposes therein contained.

WITNESS my hand, at office, this, the _____ day of _____, 20____.

_____, Notary Public

My commission expires: _____