PARENTAL CONSENT FORM

Please Print

Name: _____ Age: _____ DOB: _____

Street Address: _____ Phone: _____

City: _____ State: _____ Zip: _____

School: _____ Grade In Or Completed: _____

Parent Work Phone: _____ Name If Different: _____

To whom it may concern:

The undersigned does hereby give permission for our (my) child, _____ to attend and participate in activities sponsored by Grace World Outreach Church for the entire calendar year of _____ .

We (I) authorize an adult, in whose care the minor has been entrusted, to consent to an X- ray examination, anesthetic, surgical, medical 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 or 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 by Grace World Outreach Church.

We (I) release Grace World Outreach Church, and any supervisor or teacher, from any claim to injury to our (my) child resulting from simple negligence and agree not to institute or be a party to any suit against Grace World Outreach Church arising out of said child attending any of the events described above to which we (I) have not formally objected.

_____ _____

Insurance Company Parent or Guardian Date

_____ _____

Policy Number Emergency Phone Number

STATE OF FLORIDA - COUNTY OF HERNANDO

The foregoing instrument was acknowledged before me this _____day of _____, 20_____.

The above person is personally known by me or has shown me a photo ID which verifies who they are.

_____

Notary