

Parental Consent/Liability Release Form

Name: _____ Age: _____ Birth date: _____

Address: _____ Phone(____) _____

City: _____ State: _____ Zip: _____

School: _____ Grade: _____

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 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 **New Holland Church of the Nazarene**.

The undersigned further hereby agree to hold harmless and indemnify said church, its directors, employees and agents, for any liability sustained by said church as the result of the negligent, willful or intentional acts of said participant, including expenses incurred attendant thereto.

Hospital insurance: Yes No

(Participant) (Date)

Insurance Company: _____

(Father) (Date)

Policy Number: _____

(Mother) (Date)

Group Number: _____

Emergency Phone Numbers: _____

Allergies (Medication/Food, etc.): _____

Medications (Name, Dosage, administering times): _____

Family Doctor: _____ Phone: _____

Family Dentist: _____ Phone: _____

Date of last Tetanus Shot: _____
