

Cool Springs Baptist Church

Parental Consent Form

Name _____ **Age** _____ **Birth Date** _____
Address _____ **Phone**(_____) _____
City _____ **State** _____ **ZIP** _____
School _____ **Grade in/just completed** _____
Parent(s) Business Phones (____) _____
 (____) _____

The undersigned does hereby give permission for my (our) child, _____
(name of child), to attend and participate in the activities sponsored by
Cool Springs Baptist Church on _____
(dates)

I (we) 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 under the general or special supervision and on the advice of any physician or dentist licensed under the provisions of the Medical Malpractice 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 authorization.

Should it be necessary for my (our) 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 my (our) 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 Cool Springs Baptist Church.

Hospital Insurance yes no	
Insurance Company _____	Participant Date
Policy Number _____	Father Date
Emergency Phone Numbers:	
(____) _____	Mother Date
(____) _____	
	Legal Guardian Date

Please write on the back of this sheet any allergies, special medical problems, prescription medications, or special medical instructions of which the adults leading the activities or any medical professionals may need to be aware.