



Parental Consent Form

Name	Age	Birth date
Address		Phone
School	Grade in or just completed	
Mother's Name	Work/cell phone numbers	
Father's Name	Work/cell Phone numbers	

To Whom It May Concern: The undersigned does hereby give permission for our (my) child, _____ to attend and participate in MFCC youth activities.

I will allow pictures of my child to be placed on the church website and Facebook: Yes _____ No _____

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 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 Metolius Friends Community Church.

Hospital insurance: Yes _____ No _____

Insurance company _____ Policy number _____

Physician's name _____ Phone number _____

Father's Signature _____ Date _____

Mother's Signature _____ Date _____

Legal Guardian's Signature _____ Date _____

If Parents/Legal Guardian cannot be reached, please give an optional emergency contact:

Name _____ Phone Number _____

Please list any allergies or special medical problems your child may have. Thank you.

