

# Parental Consent Form

Name \_\_\_\_\_ Age \_\_\_\_\_ Birth date \_\_\_\_\_  
Address \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
School \_\_\_\_\_ Grade in or just completed \_\_\_\_\_  
Parent(s) business phones \_\_\_\_\_  
\_\_\_\_\_

To whom it may concern:

The undersigned does hereby give permission for my child \_\_\_\_\_

(Name of child)

to attend and participate in activities sponsored by First Baptist Church of Auburn, from

January 1<sup>st</sup>, 2012 – December 31, 2012

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 agrees 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 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 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 First Baptist Church.

Insurance company

\_\_\_\_\_

Policy number \_\_\_\_\_

Specific medical allergies, chronic illnesses, or other conditions:

\_\_\_\_\_  
\_\_\_\_\_

Emergency phone numbers

\_\_\_\_\_

\_\_\_\_\_

Participant

Date

\_\_\_\_\_  
Father

\_\_\_\_\_  
Date

\_\_\_\_\_  
Mother

\_\_\_\_\_  
Date

\_\_\_\_\_  
Legal guardian

\_\_\_\_\_  
Date

PHOTO/VIDEO RELEASE CONSENT FORM FOR MINOR

I certify that I am a custodial parent or legal guardian of the child listed below. The undersigned does hereby grant First Baptist Church of Auburn, California, its employees and agents, permission to use my child's likeness in photograph(s) and or video in any and all of its publications and in any and all of its media, whether now known or hereafter existing, controlled by First Baptist Church of Auburn, California.

Name \_\_\_\_\_ Age \_\_\_\_\_ Birth date \_\_\_\_\_  
Printed Name of child

\_\_\_\_\_  
Printed name of Custodial Parent or legal guardian

\_\_\_\_\_  
Signature of Custodial Parent or legal guardian

\_\_\_\_\_  
Date