

Grace United Methodist Church

CONSENT FORM APPROVAL BY PARENTS OR GUARDIANS

First name and middle initial of participant/guest Last name

Address Birth Date (month/day/year)

Additional address (need street address if you have a P.O. box)

City State Zip

Area Code and telephone No. (parent's business) Area Code and telephone No. (home)

APPROVAL (parents/guardians, need to sign.)

FOR: _____ ON: _____
Name of activity. Date(s)

PARENTS/GUARDIANS. Please read before giving your approval for participation in the activity listed above. I hereby approve and agree to all of the terms, conditions, and waiver of claims of this CONSENT FORM and certify its correctness. Further, I agree that this participant or guest can meet the health and physical fitness requirements of the trip or activity.

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

Medical Release. In the event of illness or injury occurring to my son or daughter while involved in this youth activity, I consent to X-ray examination, anesthesia, and/or medical or surgical diagnostic procedures or treatment considered necessary in the best judgment of the attending physician and performed by or under the supervision of a member of the medical staff of the hospital furnishing medical services.

It is understood that in the event of a serious illness or injury, reasonable efforts to reach me will be attempted.

Insurance Company Policy No. _____

Physician Telephone No. (____) _____