

INDIVIDUAL PARENTAL CONSENT FORM

Name of Youth _____

Age _____ Birth Date _____

Address _____ City _____
_____ State _____ ZIP _____

Phone Number _____

Email Address _____

School _____

Grade just completed _____

Does your Youth have any known illnesses?

Does your Youth have any physical ailments or limitations that would limit or exclude him/her from certain activities?

_____ If yes please detail.

Does your Youth have any known allergies? (food, insects, drugs, etc...)

List any drugs or vaccines to which your Youth is allergic:

List by name and dosage any prescription or non-prescription medications that your Youth must take:

We (I), the undersigned, do hereby give permission for our (my) minor _____ to attend and participate in activities sponsored by First Baptist Church of Chatsworth, Georgia. I give permission for the release of medical records to an attending physician in case of injury or illness.

I understand that every effort will be made to contact the parent(s) or guardian of my child. In the event that I cannot be reached we (I) give permission to the physician attending my child to hospitalize and/or secure proper and necessary treatment for my son/daughter as named herein. 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 our (my) youth 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 First Baptist Church of Chatsworth, Georgia.

Hospital Insurance Yes _____ No _____ Policy Holder

Insurance Company _____ Father

_____ S.S.# _____

Policy Number _____ Mother

_____ S.S.# _____

Home Phone Number _____

Emergency Phone Number _____

Signature of Parent

Date _____

NOTARIZATION REQUIRED

Witness my hand and official seal, this _____ day of

_____, A.D. 20_____

My Commission expires

Notary Public, State of Georgia at Large