Parental Consent Form

Sherman Church of Christ ***1055 Sherman Mt Zion Rd. Dry Ridge, KY 41035***

Name _____ Age_____ Birth Date ____/_____/_____

Address _____ Phone (____)_____-_____

City _____ State_____ Zip _____

Parent/Guardian name _____ Phone (_____)_____-_____

In Case of Emergency please contact _____

Emergency Phone _____ Relationship to the Minor _____

2nd Contact Name _____ Phone (_____)_____-_____

To whom it may concern,
The undersigned does hereby give permission for our (my) child _____ to attend and participate in activities sponsored by the **Sherman Church of Christ**

We (I) authorize an adult, in whose care the minor has been entrusted to consent to an X-ray examination, anesthetic, medical, surgical or dental diagnosis or treatment, and hospital care, to be rendered to the minor under the general or specific 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/or 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 any vehicle designated by the adult in whose care the **minor has been entrusted while attending and participating in activities sponsored by the** Sherman Church of Christ

_____ _____
Participant Date Notary Date

_____ _____
Parent Signature Date My commission expires

_____
Guardian Signature Date

Please list any known allergies, medical allergies or special needs or conditions that your child has which will aid in providing safe and proper medical care.

Allergies_____
Special Needs _____
Other: _____