

Parental Consent Form

We, the undersigned, hereby give permission for our child, _____,
to fully participate in the following activity...

- 1) _____ on ____/____, 2009-10.
- 2) _____ on ____/____, 2009-10.
- 3) _____ on ____/____, 2009-10.
- 4) _____ on ____/____, 2009-10.
- 5) _____ on ____/____, 2009-10.

I release North Seattle Alliance Church from all responsibility in the case of accident.

We give permission for any necessary transportation, food or lodging as is deemed appropriate by any of the adult sponsors.

We also give permission to any Adult Sponsor to give approval for any diagnosis, medical treatment, dental treatment, and/or hospital care deemed necessary for our child upon the advice and supervision of any physician or dentist who is duly licensed by the appropriate licensing agency within the state. Such diagnosis and treatment includes but is not limited to X-ray examinations, anesthetic, surgery, blood transfusion and any other treatment deemed necessary by a licensed physician or dentist, and may be performed in the office of the physician or dentist, or in any licensed hospital. We agree to pay all medical, dental and hospitalization costs and expenses incurred for care rendered to our child pursuant to this authorization.

Participant name: _____ Age: ____ Birthdate: _____

Address: _____ Phone: (____) _____

City: _____ State: _____ Zip Code: _____

School: _____ Grade: _____

Mother's name: _____ Work Phone: (____) _____

Father's name: _____ Work Phone: (____) _____

Insurance Company: _____

Policy Number: _____

Physician: _____

Drug Allergies? _____

Food Allergies? _____

Medications currently being taken: _____

Special medical problems: _____

(This slip may be used five times. Each time put the event at the top and sign the corresponding line below)

Participant signature *Date*

1) _____
Parent Signature *Date*

2) _____

3) _____

4) _____

5) _____