



**412 Youth Ministry
Gingellville Community Church
ANNUAL PARENTAL CONSENT
FORM
2009**

To whom it may concern:

The undersigned does hereby give permission for our (my) child, _____
(name of child) to attend and participate in **all trips/events sponsored by 412 Youth Ministry and
Gingellville Community Church. This includes, but is not limited to, transportation to and
from events. This release is to be in effect for the entire 2009 calendar year.** We (I) authorize
Pastor Josh Yates or another adult leader, 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 agree(s) 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) 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 in any vehicle designated by the adult in whose care the
minor has been entrusted while attending and participating in activities sponsored by Gingellville
Community Church.

Hospital Insurance? Yes No Insurance

Company _____

Policy Number _____

Participant Signature _____ Date _____

Parent/Guardian Signature _____ Date _____

Emergency Phone Numbers

Contact Name _____ Relationship _____ Phone # _____

Contact Name _____ Relationship _____ Phone # _____

Contact Name _____ Relationship _____ Phone # _____