



412 Youth Ministry
Gingellville Community Church
EVENT PARENTAL CONSENT FORM

To whom it may concern:

The undersigned does hereby give permission for our (my) child,

_____ (name of child) to attend and participate in
_____ (Event Name), an event sponsored by **412 Youth Ministry and Gingellville Community Church.**

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 # _____