

PARENTAL CONSENT FORM

Name _____ Age _____ Birth date _____
Address _____ Phone _____
City _____ State _____ Zip code _____
Church _____ Current grade _____
Parent(s) business phones _____

To whom it may concern:

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

_____, to attend and participate in activities sponsored

(Name of child)

by Saint Paul Lutheran High School.

We (I) authorize an adult, 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 cost 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 designed by the adult in whose care the minor has been entrusted while attending and participating in activities sponsored by Saint Paul Lutheran High School.

Hospital Insurance Yes _____ No _____

Insurance Company _____

Policy Number _____

Emergency phone numbers _____

Participant _____ Date _____

Father _____ Date _____

Mother _____ Date _____

Legal guardian _____ Date _____

Please list any allergies, special medical and/or dietary concerns your child may have, and include a photocopy of your insurance card.