



Activity Parental Consent Form for  
2016-2017  
(Only one needed per year for any Youth Activity)

**INDIVIDUAL INFORMATION**

Name \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_ Male or Female  
Address \_\_\_\_\_  
Email \_\_\_\_\_  
Parent's Business and/or mobile phone \_\_\_\_\_

**MEDICAL INFORMATION**

Allergies, Dietary Needs, Health Concerns \_\_\_\_\_  
Current Medications \_\_\_\_\_ Date of last Tetanus \_\_\_\_\_  
Hospital Insurance: Yes No Name of Policy Holder \_\_\_\_\_  
Insurance Company \_\_\_\_\_ Group # \_\_\_\_\_ Policy # \_\_\_\_\_

**EMERGENCY INFORMATION**

Emergency Contact \_\_\_\_\_ Relationship \_\_\_\_\_  
Contact Phone \_\_\_\_\_ Alternate Phone \_\_\_\_\_

**PERMISSION RELEASE**

I, the undersigned, grant permission for my above named child to attend and participate in activities sponsored by Liberti Church.

I give consent for photographs, in which my son/daughter may appear, to be used in any way Liberti Church may care to use them.

In Case of Emergency, I understand that every effort will be made to contact me. If I cannot be reached, I hereby give Liberti Church permission to act on my behalf in seeking emergency treatment for my child in the event that such treatment is deemed necessary by Liberti Church. I give permission for those administrating emergency treatment to do so. I absolve BCC from liability in acting on my behalf in this regard so long as Liberti Church is not grossly negligent.

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 agrees to pay all costs and expenses incurred in connection with such medical and dental services rendered to the aforementioned child pursuant to his authorization. Should it be necessary for 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 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 Liberti Church.

The undersigned represents that he/she has legal custody of the named child and has the authority to sign this authorization.

Participant Signature \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_