

The Light Parental Consent Form

Student Name _____ Birth Date _____

Address _____ City _____ State _____ Zip _____

Current Date _____ Anticipated Year of High School Graduation _____

We (I) _____, am the parent or legal guardian of _____, hereinafter referred to as, "my child," My child is participating in Consistory approved activities through First Presbyterian Church located at 2300 S. West Ave. of Sioux Falls, county of Minnehaha and state of South Dakota, beginning on the aforementioned Current Date, and ending on August 31 of the aforementioned Anticipated Year of High school Graduation. I hereby authorize First Presbyterian Church's officers, agents, servants, or employees who are 18 years of age or older, who supervise the activities at this church into whose care my child has been entrusted, to consent to medical care or dental care, or both, for my child.

To the authority granted by this authorization includes the authority to consent to any x-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care under the general or special supervision and upon the advice of or to be rendered by a physician and surgeon licensed under the Medical Practice Act for my child. This authority also extends to any x-ray examination, anesthetic, dental or surgical diagnosis or treatment and hospital care by a dentist licensed under the Dental Practice Act for my child.

It is understood that this authorization is given in advance of any special diagnosis, treatment, or hospital care being required, but is given to provide authority and power on the part of the supervisor and his/her authorized designee, to exercise his/her best judgment on what is advisable for my child's care, upon advice of such physician, dentist, and surgeon.

Furthermore, 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 child pursuant to this authorization.

Dated _____, _____
Signature of parent or legal guardian

My child has permission to travel to activities (including but not limited to Pierre, S.D., Shakopee, MN, etc.) through transportation provided by First Presbyterian Church. I agree to hold First Presbyterian Church harmless from any claim of injury to the above named youth arising out of or in any way connected to the transportation of my youth.

Dated _____, _____
Signature of parent or legal guardian

Parent/ Guardian Address	City	State	Zip
_____	_____	_____	_____
Home Phone	Work Phone	Cell Phone	
_____	_____	_____	
Medical/Health insurance company	Insurance policy number		
_____	_____		

Please list any allergies or special medical problems your child may have, and any medications your child may be taking. This information is confidential and will only be shared with volunteers and staff on a need to know basis.

