

CAMP GODDARD PARENTAL CONSENT FORM

Name of child _____ Age _____ Birth Date _____

Parent/Guardian names and contact numbers:

Father/Guardian: _____ Phone 1 _____ Phone 2 _____

Mother/Guardian: _____ Phone 1 _____ Phone 2 _____

To Whom It May Concern:

The undersigned does hereby give permission for my (our) child, _____ (Name of Child) to attend and participate in activities sponsored by the Saturn Road Church of Christ.

I (We) 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 or 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 my (our) 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 (our) 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 the Saturn Road Church of Christ.

Hospital Insurance Information

Name of insured _____

Name of insured's Date of Birth _____

Insurance Company _____

Policy Number _____

Emergency Name and Phone Numbers _____

Parent/Guardian Signature _____ Date _____