

PARENTAL CONSENT FORM

Pear Orchard Presbyterian Church

Name of Participant: _____ Age ____ Birth Date: _____

Address: _____ Phone: _____

City, State, Zip Code: _____

Email Address: _____

Parents/Guardian Business Phone(s): _____ Cell: _____

_____ Cell: _____

To Whom It May Concern:

The undersigned does hereby give permission for my (our) child to attend and participate in any and all activities sponsored by Pear Orchard Presbyterian Church.

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 on the medical staff of a licensed hospital, whether such diagnosis or treatment is rendered at the office 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 this authorization.

In order for your son/daughter to participate, both parents (if available) must sign here:

Participant signature if over 18 years of age: _____

Father/Guardian _____

Mother/Guardian _____

I hereby give **permission for my son/daughter's picture to be taken**. Picture(s) will be used for church activities and may be used for newspaper articles or brochures.

Parent/Guardian _____

Church activities ONLY

My child's picture may be used in articles or brochures