

First Presbyterian Church
Parental Consent Form
(Please complete one per family.)

Youth Name(s)	Age(s)	Birth date(s)
Address	Home Phone	
City	State	Zip
Father business phone	Father cell phone	
Mother business phone	Mother cell phone	

To Whom It May Concern:

The undersigned do hereby give permission for our (my) child, _____, Name of child(ren)
to attend and participate in activities sponsored by **First Presbyterian Church**, 171 Market St, Lexington, KY 40507, from **September 1, 2017 through August 31, 2018.**

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 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 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 designated by the adult in whose care the minor has been entrusted while attending and participating in activities sponsored by **First Presbyterian Church.**

Hospital insurance? Yes No

Insurance Company _____ Participant signature, if age 21 _____

Policy number _____ Father's signature _____ Date _____

Physician's name _____ Mother's signature _____ Date _____

Physician's phone _____ Legal Guardian _____ Date _____

In case of emergency, please contact:

Name Relationship Phone number(s)

Please list any allergies, medications, special needs or medical concerns your child may have.
