

Parental Consent/Authorization Form

Please fill this out and return it on the first day. This will cover all of our events and activities for this club year.

Clubber Name: _____ Age/Birthday: _____

Grade: _____ School: _____

Address: _____

City: _____ State: _____ Zip: _____

Email Address: _____

Parents/Guardian Name: _____

Phone(s): _____

Church (if any): _____

Special Instructions or Medical Conditions: _____

Hospital Preference: _____ Insurance Name & ID: _____

Medical:

We (I) authorize as an adult, in whose care the minor has been entrusted, to consent to any medical, x-ray examination, anesthetic, 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 provision 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 should 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 **Chillicothe Bible Church Chillicothe, Illinois**.

Communications:

We would like to occasionally contact your child to see how they are enjoying club and if they need any help in completing their handbooks. We would like to send written correspondence such as "Get Well" cards and a "Birthday" card. We are asking for your permission as the legal parent or guardian to contact your child by a home visit, written communication or phone call to discuss club activities.

Photography/Face Painting/ Music Lights:

I give my consent that photos of my child involved in clubber activities can be taken for the use of promotions and events at **Chillicothe Bible Church**. I understand that if students are identified, only their first name will be used.

We would also like permission to perform face painting on occasion with our clubbers. Strobe Lighting may be used from time to time during music presentation and I give permission for my child to be involved with understanding CBC is not responsible for any health problems which may arise with lighting changes.

Any other individual(s) whom you are giving permission and are authorized to pick up child from club:

* _____ *

In an emergency, please contact:

Name: _____ Phone: _____

Parent/Guardian Signature: _____ Date: _____