

PARENTAL CONSENT & MEDICAL RELEASE FORM

Event: Terrific Tuesdays Summer Events
Event Dates: June 9, 2009 – July 28, 2009

Child's Full Name _____ Age _____ Date of Birth _____

Address _____

City _____ State _____ Zip _____ Grade _____

Name of Parent(s) _____

Home Phone _____ Business Phone _____

Cellular Phone or Pager Number _____

Other Emergency Phone Number _____ Name _____

Date of Child's Last Tetanus Shot _____

Medications, if any _____

Is your child allergic to any medication? _____

Any other known allergies _____

Additional Pertinent Information _____

Health Insurance Provider _____

Health Insurance Policy Number _____

I/We do hereby state that I/we are the parent(s)/legal guardian(s) having custody of the above-mentioned minor. I/We give permission to the above-mentioned minor to attend the specified event. I/We authorize the youth sponsors of First Christian Church of Jonesboro, GA to consent to any medical treatment or hospital care to be rendered to the above-mentioned minor under the general or special supervision and on the advice of any physician or surgeon licensed to practice in the state of Georgia (or any other state in the U.S.). Please make every effort to contact me/us but do not hesitate to take action if deemed necessary.

Date _____ Signature(s) _____

EFFECTIVE DATE OF THIS FORM.....Date signed, to August 1, 2009

First Christian Church
2272 Walt Stephens Road, Jonesboro, GA 30236
(770)478-7870