

GATEWAY

gatewaycommunitychurch.net

Parental Consent Form – Year 2010

Student _____ (nickname, if preferred) _____

Birth date _____ Age _____ Home Phone # _____

Address _____

City _____ Zip Code _____

School Name _____ School grade _____

Parent's name _____ Wk # _____

Parent's name _____ Wk # _____

Pager # _____ Cell # _____ Other _____

Emergency contact (name & phone #) _____

Email address _____

The undersigned does hereby give permission for our (my) child, _____, to attend and participate in activities sponsored by Gateway Community Church for 2010.

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 license 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 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 reason 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 Gateway Community Church.

Hospital Insurance: Yes _____ NO _____

Insurance Company Name _____

Policy # _____ Group # (if applicable) _____

Primary Doctor's Name and Phone # _____

Student signature _____

Parent or Legal Guardian Signature _____

On reverse side of this page, please list any allergies or special medical issues your child may have. Thank you!

Karissa Harrison – Youth Pastor

Allergies (Food or Drug):

Medications (current):
