



# Parental Consent Form

If we have a 2021 Parental Consent Form on file from a previous event where you initialed it to be a blanket form, you do not need to fill this out, unless information needs to be updated.

## Student Information

Name (First, Last): \_\_\_\_\_ Cell Phone: \_\_\_\_\_  YES  NO  
*Permission to receive texts and emails?*

DOB: \_\_\_\_\_ (Mo/Day/Yr) HS Graduation Year: \_\_\_\_\_ Gender: M or F \_\_\_\_\_ T-shirt Size: \_\_\_\_\_

Home Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

## Parent/Guardian Information

Father (First, Last): \_\_\_\_\_ Phone: \_\_\_\_\_ *I prefer a*  TEXT  CALL

Mother (First, Last): \_\_\_\_\_ Phone: \_\_\_\_\_ *I prefer a*  TEXT  CALL

Guardian (First, Last): \_\_\_\_\_ Phone: \_\_\_\_\_ *I prefer a*  TEXT  CALL

Student E-mail: \_\_\_\_\_ Parent/Guardian E-mail: \_\_\_\_\_

### Permission

The undersigned does hereby give permission to my (our) child to attend and participate in activities sponsored by Mt. Gilead Church (MG). I further give my permission to any and all of the foregoing to use any photographs, videos, recordings, or any other record of this event for future MG promotions.

### Medical Authorization

Should my (our) minor child become ill or injured during a MG-sponsored event, I (we) authorize the group leader(s) and/or authorized personnel, in whose care the minor has been entrusted, to rely on the advice of a licensed medical physician(s) and/or dentist(s), and in reliance on this medical/dental judgment to consent to any and all necessary medical and/or dental treatment such as: x-rays, diagnostics and radiological tests, administration of medications and/or anesthesia, surgical intervention, and hospitalization. The undersigned shall be liable and agree to pay all expenses incurred in the connection with such authorization. Should it be necessary for my (our) child to be transported by an authorized emergency medical vehicle due to medical reasons or otherwise, the undersigned shall assume all expenses related to such transportation and related emergency medical treatment.

### Release

The undersigned does hereby release MG and all associated parties including cooperating churches and trained personnel of liability in the case of injury to any participants in the programs provided by MG. MG cannot and should not be held responsible for a minor's conduct that violates rules established by MG to protect him/her from harm or injury. Should my (our) minor child violate any MG rules, policies, or procedures or behave in a manner inconsistent with MG's mission and philosophy while participating in a MG-sponsored event, I (we) acknowledge that the minor child may be sent home at my (our) expense.

Signature of Parent or Guardian \_\_\_\_\_ Date \_\_\_\_\_

## In Case of Emergency Who to contact first (name/number)

Name (First, Last): \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Emergency Names/Numbers other than those listed above: \_\_\_\_\_

**Medical Information** Insurance Company: \_\_\_\_\_ Policy Number: \_\_\_\_\_

Allergies, Medications, Special Instructions: \_\_\_\_\_

Please list any allergies or medications your student is currently taking, and list \*ANYTHING Student Ministry needs to be aware of regarding your student, custody issues, health issues, etc.: \_\_\_\_\_

\*Issues to be aware of: \_\_\_\_\_

Please list any friends your child would like to be partnered with for events/overnights/etc.: \_\_\_\_\_

**Blanket Form** Do you intend for this form to be a blanket form for all youth activities this year? If so, initial here: \_\_\_\_\_

If this is not a blanket form, then please enter the event this form is covering: \_\_\_\_\_